



# **San Francisco VA Medical Center**

## **Psychology Postdoctoral Fellowship Program**

### **Clinical Psychology 2014-2015**

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Director of Training Psychology Postdoctoral Fellowship Program







For 2014-2015, the San Francisco VA Medical Center will be offering seventeen one-year postdoctoral psychology fellowships with emphasis areas in: Geropsychology (2 positions), HIV/HCV, Interprofessional LGBT Healthcare, Primary Care Psychology (5 positions – 1 position partially located at the Santa Rosa CBOC), PTSD and Returning Veterans, PTSD and Substance Use Disorders Treatment, Psychosocial Rehabilitation, Rural Psychology (2 positions located at the Santa Rosa CBOC), Substance Use Disorders Treatment and Co-occurring Disorders, Women's Mental Health and Primary Care: Evidence-Based Psychotherapy, and Women's Mental Health and Trauma.

The San Francisco VA Medical Center will also be offering one two-year postdoctoral residency in **Clinical Neuropsychology**. Recruitment for this emphasis area will occur this year for 2014-2016.

The San Francisco VA's Psychology Fellowship is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2014. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2019. The San Francisco VA's Psychology Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our Psychology Fellowship is affiliated with the University of California, San Francisco.

**Application Timetable:** Submit electronic applications for all one-year fellowships by **December 2, 2013, 11:59pm PST** to: [sfvamc\\_mhs\\_psychology\\_fellowship\\_program@outlook.com](mailto:sfvamc_mhs_psychology_fellowship_program@outlook.com). Candidates will be selected to interview and notified by **December 18, 2013**. All interviews will be conducted between **Thursday January 2, 2014 and Friday January 17, 2014**. You may apply to more than one emphasis area. The application deadline for the two-year postdoctoral residency in **Clinical Neuropsychology is January 10, 2014, 11:59pm PST**; please submit electronic applications to [sfvamc\\_mhs\\_clinical\\_neuropsychology\\_residency\\_program@outlook.com](mailto:sfvamc_mhs_clinical_neuropsychology_residency_program@outlook.com). The applications can be found on our postdoctoral website <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>.

## **The Training Setting**

### Hospital Community

The San Francisco VA Medical Center, or "Fort Miley," as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan cities in the world. Located on a hill seven miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include 23 buildings.

Each year San Francisco VA Medical Center provides Services to more than 400,000 veterans living in an eight-county area of Northern California. The Medical Center provides diagnostic and treatment services in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open heart surgery in addition to mental health treatment.

The San Francisco VA Medical Center is affiliated with the University of California, San Francisco (UCSF), one of the top ranked medical schools in the country, and we train 1500 of their students in 60 professional and allied health academic programs yearly.

In addition to its broader commitment to the veteran population and education, SFVAMC has the largest funded research program in the Veterans Health Administration with more than \$87 million in annual research expenditures. Our Medical Center is the #1 ranked VA Medical Center in terms of research grants. There are over 220 active research projects currently being conducted. Areas of particular interest are: PTSD, substance abuse, neuroscience disease, aging, oncology, hypertension, stroke, cardiovascular disease, Hepatitis C, health services research and advanced medical imaging.

SFVAMC also has the largest non-profit research foundation, Northern California Institute for Research and Education (NCIRE), also known as The Veterans Health Research Institute, which administers \$54 million dollars from which indirect costs serve to enhance the VA research enterprise. The Medical Center has four Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, bone research, and rehabilitation research and one HSR&D REAP in aging research. It is one of the few medical centers in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy, and is the site of VA's National Center for the Imaging of Neurological Diseases.

The Medical Center is fully accredited by the Joint Commission for its general medical and surgical programs as well as its psychiatry and substance abuse programs. It is approved by the American Medical Association for the training of medical students and residents in all of the major specialties and subspecialties, the Council of Teaching Hospitals of the Association of American Medical Colleges, and the West Bay Hospital Conference.

### Patient Population

The San Francisco VA Medical Center serves a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. All racial/ethnic groups are represented and there is a large LGBT community. Patients span the spectrum of socioeconomic classes but most are considered "working class."

Veterans do not have to have served in a war to receive benefits; however, the largest cohorts are the World War II / Korean Conflict veterans, most of whom are 65 to 90 years old, and the Vietnam Era veterans who are now in their fifties. Veterans from the Persian Gulf War (Desert Storm, Desert Shield) and the current conflicts in Iraq and Afghanistan (Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF]) also receive health care in the VA system. Of late, particular attention has been paid to program development and special services in order to meet the needs of our returning soldiers.

### **Psychology Setting within SFVAMC**

Psychological services and psychology training at San Francisco VA Medical Center are embedded into the Mental Health Service. The Mental Health Service teams have an interdisciplinary structure with the following disciplines represented: psychology, psychiatry, social work, nursing, internal medicine, addictions specialists.

Psychologists hold key positions in many of our specialized treatment clinics such as General Psychiatry Outpatient Clinic, PTSD Clinical Team, Substance Abuse Programs, Neuropsychological and Psychological

Assessment Program, Health Psychology, Integrated Mental Health and Primary Care, Health Promotion and Disease Prevention, Women's Clinic, Psychosocial Rehabilitation, Geropsychology, Home-based Primary Care, Suicide Prevention Team and our outlying Community-Based Outpatient Clinics in Santa Rosa and Eureka, CA. All supervising psychologists have clinical faculty appointments in the Department of Psychiatry (Langley Porter Psychiatric Institute), University of California, San Francisco Medical School.

There are currently 13 career development awardees (including four psychologists) at San Francisco VA showing the commitment of the Medical Center administration to funding trainees and young faculty members and increasing the next generation of basic and clinical scientists and VA faculty members. The clinical, teaching and scholarly achievements of our faculty are extensive, and are delineated at the end of this brochure.

### General Breadth of Training

Education of current and future health care providers is one of the five missions of the San Francisco VA Medical Center. Over 650 fellows, residents, interns and students from a wide array of disciplines train here yearly. Mental Health Grand Rounds occur monthly. Unit based in-services are offered regularly. Since the Mental Health Service is affiliated with the Department of Psychiatry, UCSF Medical School, our staff and trainees have access to their library, colloquia and seminars including weekly Psychiatry Grand Rounds. In 2000, the San Francisco VA Medical Center inaugurated a VA-funded clinical Postdoctoral Psychology Fellowship Program in clinical psychology with emphasis in the areas of Posttraumatic Stress Disorders (PTSD) and Substance Use Disorders (SUD). Since 2007, our fellowship has expanded to include emphasis areas in Women's Mental Health and Trauma, Primary Care Psychology, HIV/HCV Medicine, Psychosocial Rehabilitation, Rural Psychology and Community Mental Health and a 2-year Postdoctoral Residency in Clinical Neuropsychology. And in 2010 four newly funded fellowships were added to the Postdoctoral Psychology Program including expansion to a second position in Rural Psychology and Primary Care, a position in Geropsychology and Women's Mental Health and Primary Care. The San Francisco VA Medical Center also has an APA accredited Psychology Internship Training Program and a large Psychology Externship (practicum) Training Program. Fellows have the opportunity to supervise these trainees.

### **SFVAMC Web Site Link**

<http://www.sanfrancisco.va.gov/page.cfm?pg=86>

### **Training Model and Program Philosophy**

While some of our areas of emphasis do include research activities, the overall philosophy of our psychology training program is best described as scholar-practitioner. Training occurs in the context of the core clinic placements (emphasis areas).

The model is developmental in nature. We recognize that fellows come to us with different levels of experience and we strive to build upon baseline skills and competency benchmarks acquired during predoctoral internship. The fellow will be granted progressively more autonomy and responsibility over the

course of the year in an organized sequence. The goal is that the fellow graduate with the competencies of an advanced level psychologist. Advanced training is defined, but not limited to, the following criteria:

- Focused learning by means of intensive immersion in clinical experiences in the emphasis area with supervision by licensed psychologists with established competencies in these areas.
- Didactic training to provide a background and context in the empirical, clinical and other literatures relevant to the area of emphasis.
- Opportunity to acquire leadership, program development and supervisory skills.
- Greater depth of supervised clinical experiences than is feasible for a psychology intern on the same rotations. Examples include exposure to a wider variety of patients, more complicated or challenging cases, or cases requiring specialized skill sets.
- Opportunity to participate in scholarly activities relevant to the emphasis area under the mentorship of psychologists or psychiatrists involved in cutting-edge research in these areas.
- General professional development, including being treated as a junior colleague and internalizing the role of supervising and mentoring other trainees.
- Multicultural competence and the ability to work effectively with individuals of various ethnic and socioeconomic backgrounds, sexual orientation status, and religious affiliations.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train fellows who go on to VA jobs, and we train others who go on to work in research, academia, other medical centers, and the private sector. A number of our own postdoctoral fellows have recently gone on to obtain positions in VA careers, both here and at other facilities.

Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of individual differences. In our efforts to train culturally aware and competent psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, and clinical case conferences. Our program faculty has expertise working with patients from various racial/ethnic groups, sexual/gender orientations, religious affiliations, and age groups.

A prime example of our commitment to cultural competence and diversity awareness is our active and expanding Psychology Diversity Curriculum Planning Committee, with members representing all levels of psychology at the SFVAMC, including faculty, fellows, interns, and externs. The Diversity Curriculum Planning Committee aims to provide a professional and open atmosphere that respects diversity and provides a forum to discuss issues related to cultural competence and diversity. Among the committee's activities are: presentation of case material for clinical consultation and discussion, presentations and didactics focused on culture and diversity, and integration of ongoing diversity trainings to faculty and trainees.

## **Program Goals and Objectives**

In the service of training fellows who think critically about psychological issues and apply theory to practice, we are clear about expectations of our graduates. These expectations are rooted in specific core competency goals in the areas of assessment; intervention; consultation; supervision; professional, ethical, and legal conduct; scholarly inquiry; sensitivity to diversity, and professional development.

The Training Program Model and Philosophy are expressed in the following training goals:

1. Fellows will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs. Although fellows receive supervised training using a range of techniques, emphasis is placed on diagnostic interviewing and assessment.
2. Fellows will develop competence in the provision of psychological interventions and general psychotherapy skills through supervised experience in a range of clinical and theoretical approaches.
3. Fellows will develop competence in providing consultation and in translating psychological principles to colleagues, trainees, and others within an interdisciplinary system of learning. Fellows should be able to think rigorously about what they do as psychologists and within various contexts.
4. Fellows will develop skills in clinical supervision and teaching through supervised experience and didactic training.
5. Fellows will demonstrate professional behavior consistent with professional, ethical and legal standards, guidelines and policies. They will have a mature understanding of professional ethics as well as issues of ethnic, cultural, gender, socioeconomic and sexual diversity.
6. Fellows will understand the interface between science and practice and apply scientific knowledge to the clinical setting and become educated consumers of empirical research.
7. Fellows will develop the ability to utilize supervision and mentoring regarding professional development and growth. Fellows are expected to develop openness, flexibility and a sincere interest in reflective practice learning about themselves and their identities as psychologists.

## **Program Structure**

Each fellow is selected to join a particular emphasis area (outlined below) and training occurs in the context of the clinical rotations. The fellow will train in the clinic(s) associated with their particular area and receive supervision from the psychologists, psychiatrists and social workers leading those clinics. Even though there generally is one fellow per emphasis area, fellows often have the opportunity to work with each other in overlapping rotations.

Clinical activities include: comprehensive evaluations and brief treatments as part of an integrative multidisciplinary team in the Mental Health ACCESS Clinic; emphasis area evaluations and interviewing; assessment of cognitive, emotional, behavioral and personality functioning; differential diagnosis; psychotherapy with individuals, groups and couples; and development and delivery of psychoeducational material. Advanced interprofessional training through consultation with team members regarding patient care and writing of care plans is essential. The fellow receives seminar instruction and didactic material to facilitate learning skills related to the emphasis area. Fellows will also focus on developing supervision skills through supervised experience. There is also an importance placed on leadership, program development, and research.

As part of the training experience, every fellow participates in a Psychology Training and Fellows Seminar led by Dr. Stephen M. Rao, Director of Training for the Psychology Postdoctoral Fellowship Program and co-led by Dr. Kellie Rollins, Director of Training for the Psychology Intern and Practicum Program. The Seminar is designed for the exploration of professional, clinical, and training issues with other fellows and staff. Supervision, consultation, leadership, ethics, cultural diversity, licensure and career direction issues are discussed. Completion of the EPPP in particular and CPSE if appropriate prior to the end of the fellowship year is strongly encouraged and fellows may use allocated authorized leave for study time. Additionally, presentations and didactics will be offered based on fellows' interest and agenda.



Fellows will also attend sessions of the UCSF CPTP Clinical Seminar Series co-chaired by Dr. John McQuaid and Dr. Sarah Holley which focuses on evidence-based clinical interventions, career development, and licensure issues and provides the opportunity to meet and integrate with fellows outside of the VA and other UC Faculty. Many of these seminars count for coursework required for licensure as a psychologist in California.

In keeping with our philosophy that postdoctoral fellows are considered “junior colleagues,” fellows also attend the Psychology Faculty Meeting chaired by Dr. Russell Lemle, Chief Psychologist, which meets 2-3 times per month. The agenda for this meeting focuses on issues current psychologists on staff are facing. Fellows have ample opportunities to participate in program development and take active leadership roles. All fellows have the opportunity to conduct an administrative project during the year. Examples of such are Externship Coordinator, Quality Improvement Projects, organizing training seminars, etc.

Research activities may be negotiated with your supervisor. The fellow may select a research mentor and meet weekly to discuss planned or ongoing research. The fellow may join an existing project or pick a topic of research interest, collaborate in the development of grants for new research projects, and attend regularly scheduled research laboratory meetings.

Time commitment: The fellowship requires a one-year (52 week), full-time training commitment of approximately 40 hours per week earning 2080 hours towards licensure. The Clinical Neuropsychology Fellowship requires a two-year commitment.

Supervision: Fellows will receive at least four hours of regularly scheduled supervision per week with a minimum of two supervisors, at least two of which will be individual supervision. Supervision and evaluation methods include self-report of clinical work, supervision sessions, live observation of client and/or staff interactions; review and co-signature of all written material such as progress notes or other additions to the computerized patient record system; observation of case formulation and case presentation in staff meetings, treatment planning conferences, and other multidisciplinary settings; review of process notes, audiotape recording and/or videotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Fellows should expect to be assigned readings and literature reviews as part of their supervision.

Self Disclosure Self-disclosure in forms of discussions about countertransference and personal reactions to patients may be required with some supervisors. Our attention to this is meant for the benefit of the fellow’s patients and the fellow’s reflective practice and professional development. Fellows may also be asked to disclose personal information in the context of their training if the supervisor feels that such personal information is needed in order to evaluate or obtain assistance for a fellow whose personal problems are preventing the fellow from performing professional activities competently or whose problems are posing a threat to the fellow or others.

Evaluations: Our goal is to produce graduates who are prepared to assume different roles as professional psychologists. The training goals stated above describe the core competencies that we feel are essential for this overarching goal and evaluations are necessary to guide and determine our progress in obtaining this goal. Fellows are formally evaluated three times per year (4 months, 8 months, 12 months [end of year]). Evaluations are discussed with fellows and may be modified by mutual agreement before being placed in the training files. Fellows also are asked to evaluate their supervisors and clinic rotations at each evaluation period and an exit interview with the Director of Clinical Training will be completed at the end of fellowship to solicit feedback and suggestions for the program going forward.

In response to APA's increasing emphasis on setting, measuring and objectifying criteria for acquisition of these skills, our Fellow Evaluations quantitatively track successful mastery of each benchmark and competency area. To successfully complete our fellowship, a fellow's final set of rotation evaluations should be rated at 80% competent at a postdoc exit level which is equivalent to "no supervision needed."

## **Training Experiences**

The **San Francisco VA Medical Center** will be offering fourteen one-year postdoctoral psychology fellowships in 2013-2014 with **emphasis** areas in:

1. **Geropsychology (2 positions)**
2. **HIV/HCV**
3. **Interprofessional LGBT Healthcare**
4. **Primary Care Psychology (5 positions – 1 position partially located at the Santa Rosa CBOC)**
5. **PTSD and Returning Veterans**
6. **PTSD and Substance Use Disorders Treatment**
7. **Psychosocial Rehabilitation**
8. **Rural Psychology and Community Mental Health (2 positions located at the Santa Rosa CBOC)**
9. **Substance Use Disorders Treatment and Co-occurring Disorders**
10. **Women's Mental Health and Primary Care: Evidence-Based Psychotherapy**
11. **Women's Mental Health and Trauma**

The San Francisco VA Medical Center will also be offering one two-year postdoctoral residency in Clinical Neuropsychology. Recruitment for this emphasis area will occur this year for 2014-2016.

## **12. Clinical Neuropsychology**

Brief depictions of our twelve emphasis areas are provided below in alphabetical order. Please refer to the Clinical Neuropsychology Residency Brochure for a full description of the program.

### **1. Geropsychology**

The Geropsychology Fellows will develop skills and competencies following the Pikes Peak Model for Training in Professional Geropsychology, as promulgated by APA Divisions 12 (Section II) and 20. After completing the first year of training (2000 supervised hours) both fellows will have completed the educational requirements to continue the phase of the formal affiliation process with the Specialty Board of the American Professional Psychology (ABPP) specializing in Geropsychology for Board Certification by ABGERO. The fellowships are under the Department of Geropsychiatry at the San Francisco VA Medical Center (SFVAMC).

1. Community Living Center (CLC) – (~45% half year for one rotation/~50% half year for second rotation) SFVAMC 120 bed skilled nursing facility for veterans admitted for either long-stay or short-stay rehabilitation. Veterans present with a wide range of neuropsychological conditions and psychological problems, often interacting with the physical difficulties that require extended care and/or rehabilitation.

Neuropsychological conditions included head injuries, strokes, dementias, Parkinson's disease, Huntington's Disease, neuropsychiatric disorders and multiple sclerosis, among others. Psychological treatment included many veterans experiencing preexisting mental health problems such as major depression, anxiety disorders (including PTSD), schizophrenia, schizoaffective disorder, dissociative identity disorder, interpersonal functioning, bereavement, end of life issues and adjustment disorders to name a few. Referral questions included assessment of decision-making capacity, differential diagnosis (i.e., delirium vs. dementia etc.) and enhancement of treatment compliance. Along with individual and neuropsychological assessments there are also weekly groups such as *Living with Chronic Illness* and a harm reduction substance abuse group. As the clientele changes in the CLC groups adjust to veterans needs so we can implement new ideas as the year goes on! A goal for the new fellows is to implement a cognitive remediation group. Additionally, the fellow will participate in many interdisciplinary team meetings held weekly.

## 2. Social Focus Cohort (SFC) – (~25% half year)

In 2007, the CLC launched a 10-bed unit based on a needs assessment focusing on veterans with no dementia although a multitude of psychiatric diagnoses and/or personality disorders which were being exacerbated by being in the CLC for medical treatment. This unit has increased over the past couple of years to include up to 30-40 veterans. The general purpose of the SFC is to assist veterans in achieving the highest possible level of psychological, behavioral, cognitive, and social functioning within the least restrictive level of care and environment possible. The primary goal is to improve the veterans overall quality of life achieved through various groups, individual therapy, and re-integration exercises. SFC is an interdisciplinary team including geropsychology, all levels of nursing staff (CNS, RN, LVN, CNA, MDS) recreational therapy, social work, occupational therapy, and medical providers. Additionally, the fellow will participate in many interdisciplinary team meetings held weekly.

## 3. Palliative Care / Hospice – (~25% half year)

This service provides care to veterans with life-limiting illness and terminal illness, as well as their families. The fellow will acquire skills needed to assist veterans and families with end of life care, such as individual and family therapy, brief neuropsychological and capacity assessments, mood evaluations, bereavement counseling and consultation/liaison for the interdisciplinary team. Additionally, the fellow will participate in many interdisciplinary team meetings held weekly.

## 4. Geriatric Mood Assessment Clinic (GMAC) – (~5% half year)

There is one weekly outpatient mood group supervised by Dr. Sutherland that has been together for approximately six years. This is a wonderful long-standing group who help each other during very challenging times (i.e., new or troubling existing diagnoses, family issues etc.) and throughout the year we bring in new members so therefore need to re-implement group norms and begin the group phases (i.e., norming, forming, storming). This is a great training opportunity since they enjoy having new facilitators and are very open with their life challenges. There is an opportunity to follow one or two veterans for weekly outpatient individual therapy. Additionally, the fellow will participate in a weekly GMAC interdisciplinary team meeting led by Dr. Arnaldo Moreno, Chief of the Department of Geropsychiatry.

## 5. Weekly didactics and seminars – (~25%)

Offered through the different departments such as Geropsychiatry, Geriatric Medicine, and Neuropsychology. New this year is restarting the CLC Interdisciplinary Brown Bag Series, as well as collaborating with Dr. Lynn Flint, MD, VA Site Director for University of California, San Francisco (UCSF) Hospice/Palliative Medicine Fellowship. Lecture topics include delirium, healthful aging, depression, neuropsychiatric testing, electro convulsive treatment, evidence based psychotherapy, cognitive changes

and dementia, anxiety disorders, psychotic disorders, bipolar disorder, substance abuse, pain, legal and ethical issues, nursing home dynamics, sexuality, crisis intervention, family therapy, and pertinent medical issues pertaining to elder care including death and dying, and palliative care. There will be many opportunities to present to a wide range of different professional disciplines both at the SFVAMC and UCSF as well as conferences if so desired.

Primary Supervisor: Elizabeth S. Sutherland, PsyD., Geropsychologist  
Adjunct Supervisors: Michael L. Drexler, Ph.D., Lynn Y. Martin, RN, MS, PMH-CNS

## **2. HIV/HCV Psychology**

The HIV/HCV fellow will be based in the Infectious Disease Clinic and Liver Clinic, with a rotation in a Substance Abuse Clinic. The HIV/HCV Fellow will be integrated into the weekly Liver and ID Clinics (outlined below). The specific skills and competencies to be developed include:

### **1. HIV Medical Issues**

The fellow will develop competence in: (i) History and course of the HIV epidemic in this country (and abroad) as well as the current prevalence/incidence rates of infection; (ii) Knowledge of HIV risk factors, barriers to medical care, and health behaviors that are common among those who are currently infected or those at higher risk for HIV infection; (iii) Knowledge of current HIV testing procedures including consent processes, distinction between anonymous and confidential testing, as well as current testing procedures (e.g. EIA, Western Blot, and/or rapid testing) as well as local agencies providing free or low-cost HIV testing; (iv) Knowledge of disease progression, CD4 and HIV viral load, CDC disease staging, co-infections, HIV-associated cognitive impairment, HVC, and common opportunistic infections experienced; (v) Working knowledge of current HAART medications, common side effects and barriers to medication adherence.

### **2. HCV Medical and Treatment Issues**

The fellow will develop competence in: (i) History and course of the HCV epidemic in this country and specifically within the VA, which will include current prevalence/incidence rates of infection; (ii) Knowledge of HCV risk factors, barriers to medical care, and health behaviors that are common among those who are currently infected or those at higher risk for infection; (iii) Knowledge of current HCV testing procedures; (iv) Knowledge of HCV disease progression; (v) Working knowledge of treatment options, common side effects and barriers to medication adherence; (vi) Knowledge of medical and treatment issues specific to HIV/HCV co-infection.

### **3. Psychosocial Aspects of HIV and HCV**

The fellow will gain competence and awareness of multiple psychosocial stressors specific to those living w/ HIV/AIDS, HCV and other infectious diseases. Common stressors experienced by those newly diagnosed include adjustment to and coping w/ new diagnosis; disclosure of HCV or HIV-positive status to sexual partners, friends, and family; managing HIV-related stigma; and psycho-education about safer sex practices. Common stressors associated w/ disease progression and/or longer term survival include decision about employment/disability; affected family and caregiver stress; grief (about change in own functional status and/or friends/partners who have died); and end-of-life issues. Common stressors associated with initiation of Interferon Treatment for HCV, decision making around treatment, reduction of risk behavior prior to and during treatment, coping with treatment response and termination.

4. Psychological Interventions for Co-occurring Mental Health and Substance Abuse Issues The fellow will gain advanced competence in: (i) Empirical knowledge of and implementation skills with the following evidence based short term interventions: CBT, DBT, ACT, Relapse Prevention, Motivational Enhancement Therapy, and psychoeducation interventions for substance abuse and w/ common behavioral medicine presenting problems (e.g. insomnia, medication adherence, smoking cessation, chronic pain, stress management, weight management); (ii) Evaluating and managing personality disorders; (iii) Conducting couples and family consultation and intervention with HIV-positive and HCV-positive veterans and their significant others or extended families; and (iv) Working knowledge of current psychopharmacological interventions for common co-occurring mental health conditions.

5. Evaluation and Assessment of Co-occurring Mental Health Issues

The fellow will gain advanced competence in: (i) Administering interpreting, training and supervising the administration of evidence-based instruments for the following frequently co-morbid mental health issues: depression (e.g. BDI-2, HAM-D, CESD), anxiety (BAI, STAI), trauma/PTSD (PTSD Checklist, Life Events

Scale), Substance Abuse (AUDIT-C); (ii) Identifying treatment relevant neuropsychological issues, including traumatic brain injury, dementias, memory syndromes, attention deficit disorders and intellectual deficits; (iii) Knowledge of the research addressing the inter-connection between physical, mental and behavioral health, and sensitivity to the cultural diversity issues involved in assessment/treatment; and (iv) Development of a treatment plan which incorporates all of the above into an appropriate and effective intervention for the individual veteran. Evaluation (as well as treatment) skills are acquired in weekly didactic and interdisciplinary team meetings and weekly individual supervision.

6. Assessment of Suicide Risk and Suicide Prevention

Fellows develop advanced skill of evaluating suicidal and homicidal risk and learn how to make appropriate plans with patients and other staff regarding safety. Fellows train with the psychologist who is our Suicide Prevention Coordinator.

7. Research Fellows will further their ability to plan, implement, and analyze health-related research.

8. Leadership and Supervision

Fellows learn to effectively preside over and make formal presentations in two weekly seminars that review the latest empirical findings pertaining to Health Psychology and Substance Abuse topics. Fellows also administer and supervise junior trainees in the implementation of existing and emerging evidence based treatments. They provide ongoing feedback on strengths, areas for improvement and professional development with respect for individual differences between self and supervisees. Fellows supervise trainees weekly and receive weekly supervision from staff focused on acquisition of this skill.

9. Consultation and Outreach

Fellows develop competence in: Consulting to professionals in the Infectious Disease and Liver Clinics, Medical Practice, and in other clinics regarding best treatment practices for veterans with HIV and HCV. Understanding the unique and shared contributions of physicians, psychiatrists, social workers, nurses, addiction therapists and other professionals. Collaborating with Compensated Work Therapy, Supported Employment, Swords to Plowshares, Veterans Service Organizations and Vet Centers to promote community integration, job acquisition and peer/family support.

The HIV/HCV fellow will work in several medical practice clinics outlined below:

#### Liver Clinic (~40%)

The Fellow will provide coverage for the weekly Liver Clinic with a focus on veterans with Hepatitis C. During the Liver Clinic the Fellow will be on-call to offer consultation, assessment and triage, and crisis management as needed. The Fellow will offer weekly group therapy, short and long-term individual, couples and family psychotherapy for Hepatitis C patients who are preparing to initiate Interferon Treatment or who are on Interferon Treatment and require additional support. The Fellow will work closely with clinic providers (physicians, the pharmacist, social work, and nursing) on a variety of issues, including risk assessment, strategies to increase treatment adherence, and referral to appropriate mental health treatment programs. The primary role of the Fellow is two-fold; 1) to help prepare veterans with Hepatitis C for treatment, which includes ensuring that a veteran is assessed for relevant Axis I diagnoses, history of violence, suicidality, depression, substance use, and to the extent possible the likelihood that a veteran will be treatment compliant; that a veterans follows-up with a mental health referral and their treatment progress is tracked; that a veteran is provided with brief intervention as necessary for depression, anxiety, anger, insomnia, and/or substance use/abuse; and 2) to support veterans who are on Interferon to ensure successful treatment, which includes treatment adherence in the face of at times dramatic physical and psychiatric side effects. The Fellow will also follow Hepatitis C patients who live in rural areas through the use of Telemental Health Technology and collaboration with mental health services in the Community Based Outpatient Clinics (CBOCs).

#### HIV Clinic (~30%)

The Fellow provides coverage for two weekly HIV Clinics and sees veterans in an outpatient capacity for crisis intervention, short and long-term individual, couples and family psychotherapy. The Fellow will work closely with clinic providers (physicians, the pharmacist, social work, and nursing) on a variety of issues, including risk assessment, strategies to increase treatment adherence, and referral to appropriate mental health treatment programs. Fellows are also responsible for assessing and providing brief intervention for a variety of mental health concerns including: maintaining physical and psychological health, depression, anxiety, stress, anger management, substance abuse and dependence, safe sex, and treatment adherence. The Fellow may also conduct neuropsychological assessments with HIV+ veterans under the supervision of a license neuropsychologist. In addition, the Fellow may sometimes offer supportive therapy to more seriously ill patients on inpatient medical units as needed.

#### Substance Abuse Rotation (~15-20%)

The Substance Abuse Programs (SAP) within the Mental Health Service is comprised of four programs that address the individual and diverse treatment needs of veterans with substance use disorders (SUD) and co-occurring psychiatric disorders: Substance Abuse/PTSD Treatment Clinic (SUPT), Opioid Replacement Treatment Clinic (ORT), Drug and Alcohol Treatment Clinic (DAT) and Substance Abuse Day Hospital (SADH). Programs are described in detail under the Substance Abuse Treatment Fellowship.

The Fellow will work closely with our substance abuse program. This experience could include a range of clinical activities, from providing individual and group psychotherapy, case coordination, diagnostic evaluations and to treatment planning for veterans with co-occurring combat-related trauma and substance use disorders. Fellows will gain experience with various interventions including motivational enhancement, relapse prevention, abstinence-based interventions, and treatment of co-occurring psychiatric disorders. Fellows also have the opportunity to participate in a 6-month weekly didactic substance abuse seminar.

#### Research (4 hours per week)

Each postdoctoral fellow is expected to spend at least 4 hours a week engaged in some scholarly activity

with an identified research mentor. This may be a member of the Healthy Psychology faculty or an M.D. or Ph.D. with an appointment in the UCSF system. Research activities may include participation in on-going research of a faculty member, preparation of a literature review, or development of an independent research project. Each project will be expected to have a product suitable for presentation at a scientific meeting or submission to a journal.

#### Didactics/Supervision

The HIV/HCV Fellow will participate in two didactic/clinical meetings, one in the Substance Abuse Service and one in Health Psychology. The HIV/HCV Fellow will attend three staff meetings, including Infectious Disease Clinic Staff, Liver Clinic Staff, and Psychology Staff meetings. They will have opportunities to participate in HIV and HCV specific medical didactics as relevant. The Fellow will also have the option of participating in selected seminars offered through the Center for AIDS Prevention Studies (CAPS) at the University of San Francisco, California. They will have opportunities to supervise interns and externs on individual treatment and to co-lead groups with these trainees, as the senior clinician. Fellows will be provided supervision with the licensed psychologists affiliated with Health Psychology and Substance Use. There will be regular meetings with the fellow's research mentor as well. While the focus of supervision will include case management and the conduct of evaluation and treatment, it will also focus strongly upon professional development within the Clinic and VA setting. Issues concerning program development, professional identity, interface between clinics, supervision and work/life balance will be covered.

#### Primary Supervisor

Maggie Chartier, PsyD., National Psychology Program Coordinator for the Behavioral Management of HIV and Hepatitis C Public Health Program Office  
William Hua, PhD, Staff Psychologist, ID Clinic

#### Additional Core Faculty

Timothy P. Carmody, Ph.D., Director of Health Psychology  
Stephen Rao, Ph.D., Staff Psychologist, Health Behavior Coordinator  
Chuck Filanosky, Ph.D., Staff Psychologist, Primary Care Mental Health  
Sarah Palyo, Ph.D., Staff Psychologist, Pain Clinic  
Chris Galloway, Ph.D., Staff Psychologist, Substance Abuse Programs  
Harry Lampiris, M.D., Acting Chief, Infectious Disease  
Alex Monto, M.D., Director, Liver Clinic  
Robert Daroff, M.D., Associate Chief for Education, Mental Health Service

### **3. Interprofessional LGBT Healthcare**

The fellow in this emphasis area will serve Veterans and staff in the Medical Center, CBOC and community settings including (1) Primary Care Clinics (in Medical Practice and CBOCs); (2) Specialty Care Clinics (such as Infectious Disease Clinic at SFBVAMC and Downtown CBOC); and (3) Behavioral Health Clinics (such as Clinic at City College of SF). The fellow will offer coaching and clinical services in person and through telehealth technology. The fellow will provide individual psychotherapy, group treatments, and targeted consultation visits for LGBT Veterans under the supervision of staff psychologists and psychiatrists affiliated with the Fellowship. In addition, the fellow will support the hub of VA's health care delivery PACT and specialty care teams by providing integrated and coordinated health care focused on prevention, wellness and chronic disease management; and through conducting needs assessment, gap analyses,

community outreach and focus groups to consistently elevate the “voice of the LGBT Veteran” with ongoing program evaluation. The fellow will also spend time (1) coaching, consulting, and training other VA providers to deliver clinically and culturally competent care for LGBT Veterans; (2) developing training modules for fellows, interns, externs, residents and other clinical staff on personalized and proactive LGBT health care; and (3) collaborating with VA Leadership to overcome system obstacles, build community alliances, and sustain services and resources for building an informed VA environment and culture that empowers all Veterans and families we serve.

As this fellowship is newly developing, please contact Drs. Angela Waldrop or Stephen Rao for further details.

Primary Supervisors: Angela Waldrop, PhD, Stephen M. Rao, PhD

Additional Core Faculty: Caitlin Hasser, MD, Rob Daroff, MD, Shira Maguen, PhD

#### **4. Primary Care Psychology**

The fellows in the Primary Care emphasis area will develop specific skills and competencies in: medical issues; psychosocial aspects of chronic illness; evaluation and assessment of common and unique mental health issues found in medical settings; psychological interventions for common and unique mental health and substance abuse issues; assessment of suicide risk and suicide prevention; consultation and outreach in medical practice; health promotion and disease prevention interventions and approaches; multidisciplinary and interdisciplinary care within the Patient Aligned Care Team (PACT); and Education for the Patient Aligned Care Team (EdPACT) along with research, leadership and supervision in the behavioral medicine. The fellows will work in several medical practice clinics including: Medical Practice – Mental Health Integrated Clinic (MP-MHIC); Primary Care Mental Health (PACM); Health Psychology Clinic; Pain Clinic and Primary Care Interdisciplinary Pain Clinic; Women’s Clinic; Infectious Disease Clinic and Liver Clinic; Clinic Managing Obesity in Veterans Everywhere (MOVE); Health Promotion Disease Prevention Program (HPDP), Neuropsychological Assessment Clinic and at the Downtown, San Bruno and Santa Rosa Community Based Outpatient Clinics (CBOC).

The fellows assigned to the Primary Care emphasis area will work in a number of medical practice clinics (outlined below). The specific skills and competencies to be developed include:

1. Medical Issues: Fellows develop competence in: (i) History and course of chronic illnesses in this country and abroad as well as the current prevalence/incidence rates of infection; (ii) Knowledge of disease risk factors, barriers to medical care, and health behaviors; (iii) Knowledge of common medical diagnostic procedures including consent processes, distinction between anonymous and confidential testing, as well as current testing procedures; (iv) Knowledge of disease progression, impairment, level of functioning; (v) Working knowledge of common medications, common side effects and barriers to medication adherence.

2. Psychosocial Aspects of Chronic Illness: Fellows will gain competence and awareness of multiple psychosocial stressors specific to those living w/ chronic illness. Common stressors experienced by those newly diagnosed include adjustment to and coping w/ new diagnosis. Common stressors associated w/



disease progression and/or longer term survival include decision about employment/disability; affected family and caregiver stress; grief (about change in own functional status and/or friends/partners who have died); and end-of-life issues.

3. Evaluation and Assessment of Common Mental Health Issues: Fellows will gain advanced competence in: (i) Administering interpreting, training and supervising the administration of evidence-based instruments for the following frequently comorbid mental health issues: depression (e.g. BDI-2, HAM-D, CESD), anxiety (BAI, STAI), trauma/PTSD (PTSD Checklist, Life Events Scale), Substance Abuse (AUDIT-C); (ii) Identifying treatment relevant neuropsychological issues, including traumatic brain injury, dementias, memory syndromes, attention deficit disorders and intellectual deficits; (iii) Knowledge of the research addressing the inter-connection between physical, mental and behavioral health, and sensitivity to the cultural diversity issues involved in assessment/treatment; and (iv) Development of a treatment plan which incorporates all of the above into an appropriate and effective intervention for the individual veteran. Evaluation (as well as treatment) skills are acquired in weekly didactic and interdisciplinary team meetings and three hours of weekly individual supervision.

4. Psychological Interventions for Common Mental Health and Substance Abuse Issues: Fellows will gain advanced competence in: (i) Empirical knowledge of and implementation skills with the following evidence based short term interventions: CBT, DBT, Relapse Prevention, Motivational Enhancement Therapy, and psychoeducation interventions for substance abuse and w/ common behavioral medicine presenting problems (e.g. insomnia, medication adherence, smoking cessation, chronic pain, stress management, weight management); (ii) Evaluating and managing personality disorders; (iii) Conducting couples and family consultation and intervention with veterans and their significant others or extended families; and (iv) Working knowledge of current psychopharmacological interventions for common comorbid mental health conditions.

5. Health Promotion and Disease Prevention. Fellows build upon fund of knowledge and skill to effectively implement health behavior assessments and interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management (e.g., tobacco use cessation, striving for a healthy weight, limiting alcohol, promoting patient self-management interventions targeting behaviors such as increasing participation in regular exercise and physical activity, healthy eating, sleep hygiene and stress management). Fellows also expand the skill to provide health behavior assessment and intervention with veteran patients and their families with multiple co-morbidities and or chronic disease, special needs, and complex clinical problems. Fellows develop the skill to coach, consult with and support healthcare team members who will provide evidence-based health behavior self-management interventions such as motivational interviewing, shared decision making and other behavioral health interventions. Fellows develop knowledge of and ability to utilize existing evidence-based behavioral health resource materials and develop new materials when needed.

6. Assessment of Suicide Risk and Suicide Prevention: Fellows develop advanced skill of evaluating suicidal and homicidal risk and learn how to make appropriate plans with patients and other staff regarding safety. Fellows train with the psychologist who is our Suicide Prevention Coordinator.

7. Research: Fellows will further their ability to plan, implement, and analyze health-related research.

8. Leadership and Supervision. Fellows learn to effectively preside over and make formal presentations in two weekly seminars that review the latest empirical findings pertaining to Health Psychology and

Substance Abuse topics. Fellows also administer and supervise junior trainees in the implementation of existing and emerging evidence based treatments. They provide ongoing feedback on strengths, areas for improvement and professional development with respect for individual differences between self and supervisees. Fellows supervise trainees weekly and receive weekly supervision from staff focused on acquisition of this skill.

9. Consultation and Outreach. Fellows develop competence in: Consulting to professionals in the Infectious Disease Clinic, Medical Practice, and in other clinics regarding best treatment practices; understanding the unique and shared contributions of physicians, psychiatrists, social workers, nurses, addiction therapists and other professionals; collaborating with Compensated Work Therapy, Supported Employment, Swords to Plowshares, Veterans Service Organizations and Vet Centers to promote community integration, job acquisition and peer/family support.

The fellows will work in several clinical settings outlined below:

1. Medical Practice – Mental Health Integrated Clinic (MP-MHIC). In the Mental Health Integrated Clinic, veterans who screen positive for mental health concerns are evaluated and consultation services are provided to the medical staff. The therapeutic approach integrates cognitive-behavioral, existential, and mindfulness based therapies. Neuropsychological evaluations are also performed with an emphasis on traumatic brain injury (TBI). In addition, the psychology staff members are involved in the coordination of services for returning OEF/OIF/OND veterans, consulting to the PCT, performing compensation and pension evaluations, and participating on the TBI Interdisciplinary Team. The primary supervising psychologist in this clinic is Dr. Chuck Filanosky.

2. Primary Care Mental Health (PACM). The Primary Care Mental Health Clinic provides mental health services in the primary care setting. It is staffed by a psychiatrist, psychiatry residents, psychologist, and social worker, and pharmacist. Opportunities are available for psychological consultations, brief individual therapy, and group therapy, focusing on stress-related disorders and adjustment to illness. The primary supervising psychologist in this clinic is Dr. Chuck Filanosky.

3. Health Psychology Clinic. In this clinic, the post-doctoral fellow gains additional experience with chronic pain and clinical psychological consultation and treatment of patients with other medical conditions. Psychological interventions are provided in the form of extended consultations and using an individual or group therapy format through this program. Hypnosis and biofeedback therapies are also provided to help patients manage stress and pain. The Director of the Health Psychology Clinic and supervising psychologist is Dr. Tim Carmody.

4. Health Promotion and Disease Prevention Program (HPDP). The fellows within the health promotion and disease prevention program provide assessments and interventions for patients along with consultations and health behavior coaching to healthcare members as part of a multidisciplinary Patient Aligned Care Team (PACT) and the Education for the Patient Aligned Care Team (EdPACT) located at the SFVAMC in Medical Practice and in the Community Based Outpatient Clinics. The primary supervising psychologist for this program is Dr. Stephen Rao.

5. Pain Clinic. The Pain Clinic is an interdisciplinary program that provides consultation to primary care regarding management of chronic pain. The staff includes representatives from anesthesia-pain, neurology/rehabilitation medicine, nursing, pharmacy, and psychology. Patients are evaluated by several

pain specialists, including the health psychologist. As a result of the interdisciplinary evaluation provided in the Pain Clinic, recommendations regarding pain management are made to the primary care physician. Specialized treatments may also be offered, including various nerve blocks, physical therapy, acupuncture, biofeedback, and pain coping skills therapy. Psychological consultation is provided within the interdisciplinary Pain Clinic in collaboration with anesthesia and rehabilitation pain specialists. The primary supervising psychologist in the Pain Clinic is Dr. Sarah Palyo.

6. Primary Care Interdisciplinary Pain Clinic. This is a new interdisciplinary program located in primary care that provides an integrated collection of diagnostic and treatment services for OEF/OIF veterans who suffer from chronic pain. The staff includes representatives from primary care, anesthesia-pain, neurology/rehabilitation medicine, nursing, pharmacy, and psychology. The primary supervising psychologist is Charles Filanosky.

7. Women's Clinic. This clinic provides primary care and mental health care to female veterans. The SFVAMC has a long tradition of providing comprehensive healthcare for women veterans. The women's clinic opened in 1988, and in 1993 established one of the first Women Veteran's Comprehensive Health Centers in the country. Women are one of the fastest growing segments of the veteran population and are projected to nearly double within the next few years to comprise up to 14% of VA health care users (Women Veterans Health Strategic Health Care Group, Nov 2008). The training of clinicians in the provision of quality, gender appropriate care is a high priority for the VA. Many of the patients seen in this clinic suffer from PTSD and MST. The primary supervising psychiatrist in this clinic is Dr. Caitlin Hasser.

8. Managing Obesity in Veterans Everywhere (MOVE). The MOVE program is a preventive health initiative across the VHA healthcare system and is designed to provide interdisciplinary assessment and treatment of obesity in the veteran population. Psychological assessments are conducted with morbidly obese patients being considered for bariatric surgery. Individual and group therapies are provided to facilitate long-term weight management and adjustment to post-surgical lifestyle changes. The primary supervising psychologist is Dr. Tim Carmody.

9. HIV and HCV Clinics. These clinics provide primary care and mental health care to veterans with HIV and/or HCV. Veterans with mental health concerns are evaluated and consultation services are provided to the medical staff. Opportunities are available for psychological consultations, brief individual therapy, and psychoeducational groups. The primary supervising psychologist is Dr. Maggie Chartier.

10. Neuropsychological Assessment Clinic. The Neuropsychology Program operates both an outpatient and inpatient clinical consultation service. The Outpatient Neuropsychology Clinic receives consultation requests from a variety of clinics and practitioners, most prominently from Neurology, Neurosurgery, Psychiatry, and Primary Care. The majority of consultation requests concern male veterans between the ages of 40 and 85 years. Many veterans present with complicated diagnostic pictures, and with comorbid neurologic, psychiatric, medical and substance abuse problems. Common neurologic illnesses seen within this clinic include dementia of the Alzheimer's type (DAT), vascular dementia, alcohol dementia, Parkinson's disease, focal stroke, and traumatic brain injury. Patients experiencing cognitive deficits or concerns in the context of other psychiatric disorders (e.g. depression, PTSD, Substance Dependence) are also frequently referred. Other patients are referred for evaluation to assist in differential diagnosis of possible neurodevelopment disorders, including ADHD and learning disabilities. Clinical services include comprehensive neuropsychological evaluations, neurocognitive screenings on more severely disordered individuals, and detailed feedback and consultation to patients, family, and referring health care providers. The primary supervising psychologists are Dr. Johannes Rothlind and Dr. Charles Filanosky.

Research (4 hours per week). Each postdoctoral fellow is expected to spend at least 4 hours a week engaged in some scholarly activity with an identified research mentor. This may be a member of the HP faculty or an M.D. or Ph.D. with an appointment in the UCSF system. Research activities may include participation in on-going research of a faculty member, preparation of a literature review, or development of an independent research project. Each project will be expected to have a product suitable for presentation at a scientific meeting or submission to a journal.

Primary Supervisor: Timothy P. Carmody, Ph.D., Director of Health Psychology

Additional core Faculty:

Maggie Chartier, PsyD., Staff Psychologist, HIV and HCV Clinics  
Chuck Filanosky, Ph.D., Staff Psychologist, Primary Care Mental Health  
Caitlin Hasser, M.D., Staff Psychiatrist, Women's Clinic  
William Hua, Staff Psychologist, Infectious Disease Clinic  
Kewchang Lee, M.D., Director, Psychiatric Consultation Service  
Sarah Palyo, Ph.D., Staff Psychologist, Pain Clinic  
Stephen M. Rao, Ph.D., Staff Psychologist, Health Behavior Coordinator  
Johannes Rothlind, Ph.D., Staff Psychologist, Director of Neuropsychology  
Emily Sachs, Ph.D., Staff Psychologist, Pain Clinic  
Rebecca Shunk, M.D., Staff Physician, PRIME & EdPACT Training Program

**5. Posttraumatic Stress Disorder Treatment and Returning Veterans**

While the PTSD & RV fellow will have the opportunity to work with veterans from all eras, the focus of this fellow's clinical responsibilities will involve working with post-09/11 veterans who served in the Iraq and Afghanistan conflicts (Operation Iraqi Freedom [OIF], Operation Enduring Freedom [OEF] and Operation New Dawn [OND]). Because many of these veterans are struggling with substance abuse problems and other high-risk behaviors along with ambivalence about entering formal treatment, a special focus will be on assessing issues of risk, and using motivational interviewing and harm reduction to support the veteran in identifying and working toward his/her self-identified goals for treatment.

The fellow assigned to this emphasis area will work on the PTSD Clinical Team (PCT) including taking on a leadership role in our PTSD 360 Clinic, and will also represent the PCT in the OEF/OIF Integrated Care Clinic (conducting mental health triage) and in the Behavioral Health Access Center (conducting mental health intake). These sub-rotations are described below.

PCT: The Post-Traumatic Stress Disorder Clinical Team (PCT) at San Francisco VA Medical Center is one of the largest in the nation with regard to clinical activity. Our PCT specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We serve a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. Our population is quite diverse, with multiple ethnicities (significant

numbers of Filipino American veterans), ages, sexual orientations and levels of SES represented. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era veterans and veterans of the current conflicts in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean Conflict veterans and veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations).

Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, couples/family psychotherapy, and case management. Specialized training is available in motivational interviewing (MI), Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, time-limited skills-based classes, and ongoing long-term process groups.

The PTSD & RV fellow receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the PTSD & SUD fellow) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. The fellow may also participate in a monthly interdisciplinary case conference meeting on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND veterans and participate in PCT program development.

PTSD 360 Clinic: This is a multidisciplinary ongoing-care clinic, in which PTSD-specialty medication management and brief individual behavioral treatments are provided. This 3-hour clinic currently runs twice weekly, with the PTSD & RV fellow taking the lead on overseeing brief behavioral interventions in one clinic, and the PTSD and SUD fellow taking the lead in the other. "Taking the lead" in 360 Clinic means (1) periodically throughout the year teaching and supervising brief structured interventions (typically 1-2 sessions) to externs, interns, and residents. This is done with the support and guidance of staff who specialize in these areas, and currently includes interventions such as Motivational Interviewing and Brief CBT for Insomnia; and (2) within the context and timeframe of the 360 Clinic, providing weekly direct supervision to psychology extern(s)/intern(s) conducting brief PTSD stabilization-focused individual psychotherapies (typically 4-8 sessions), again with the support and guidance of psychology staff. The PTSD & RV fellow will also provide an additional hour of supervision to a junior psychology trainee outside of 360 Clinic, and will be provided with dedicated time for "supervision of supervision" in individual and group supervision settings.

OEF/OIF Integrated Care Clinic: The PTSD & RV fellow will spend ~1 hour each week conducting triage and assessment interviews with OIF/OEF/OND veterans in the Integrated Primary Care clinic. In this clinic, the veteran receives same day, sequential visits with a primary care provider, a mental health provider, a social worker, and neurology, if indicated, to provide a "one stop shop" model for early diagnosis and initiation of care. The fellow will be responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health assessment and specialty care.

Behavioral Health Access Center: This intake clinic serves as the starting point for patients entering mental health care at SFVA. The PTSD & RV fellow will serve as the PTSD specialist on one Behavioral Health Access Center team, spending ~2 hours each week conducting specialty PTSD evaluations and consulting with fellow team members regarding veterans who might benefit from further assessment and treatment for PTSD. The PTSD & RV fellow will also have the opportunity to train psychiatry residents and psychology trainees in the assessment of PTSD using the Clinician-Administered PTSD Scale (CAPS).

Primary supervisors: Angie Waldrop, PhD, Susan Maxwell, PhD, Shira Maguen, PhD, Dawn Lawhon, PhD., and Martha Schmitz, PhD

## **6. Posttraumatic Stress Disorder and Substance Use Disorders Treatment (PTSD / SUD)**

The fellow assigned to this emphasis area will split time between the PTSD Clinical Team (PCT) (including taking on a leadership role in PCT's PTSD 360 Clinic) and the Substance Abuse/PTSD Treatment Clinic (SUPT), and will also represent PCT & SUPT in the OEF/OIF Integrated Care Clinic (conducting mental health triage).

PCT (75% time): The Post-Traumatic Stress Disorder Clinical Team (PCT) at San Francisco VA Medical Center is one of the largest in the nation with regard to clinical activity. Our PCT specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We serve a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. Our population is quite diverse, with multiple ethnicities (significant numbers of Filipino American veterans), ages, sexual orientations and levels of SES represented. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era veterans and veterans of the current conflicts in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean Conflict veterans and veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations).

Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, couples/family psychotherapy, and case management. Specialized training is available in motivational interviewing (MI), Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, time-limited skills-based classes, and ongoing long-term process groups.

The PTSD/SUD fellow receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the PTSD & RV fellow) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. The fellow may also participate in a monthly interdisciplinary case conference meeting on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND veterans and participate in PCT program development.

PTSD 360 Clinic: This is a multidisciplinary ongoing-care clinic, in which PTSD-specialty medication management and brief individual behavioral treatments are provided. This 3-hour clinic currently runs twice weekly, with the PTSD/SUD fellow taking the lead on overseeing brief behavioral interventions in one clinic, and the PTSD and RV fellow taking the lead in the other. "Taking the lead" in 360 Clinic means (1) periodically throughout the year teaching and supervising brief structured interventions (typically 1-2 sessions) to externs, interns, and residents. This is done with the support and guidance of staff who specialize in these areas, and currently includes interventions such as Motivational Interviewing and Brief CBT for Insomnia; and (2) within the context and timeframe of the 360 Clinic, providing weekly direct supervision to psychology extern(s)/intern(s) conducting brief PTSD stabilization-focused individual psychotherapies (typically 4-8 sessions), again with the support and guidance of psychology staff. The PTSD/SUD fellow will also provide an additional hour of supervision to a junior psychology trainee outside of 360 Clinic, and will be provided with dedicated time for "supervision of supervision" in individual and group supervision settings.

OEF/OIF Integrated Care Clinic: The PTSD/SUD fellow will spend ~1 hour each week conducting triage and assessment interviews with OIF/OEF/OND veterans in the Integrated Primary Care clinic. In this clinic, the veteran receives same day, sequential visits with a primary care provider, a mental health provider, a social worker, and neurology, if indicated, to provide a "one stop shop" model for early diagnosis and initiation of care. The fellow will be responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health assessment and specialty care.

SUPT (25% time): Complementing the training program in the PCT is the training experience in the Substance Abuse/PTSD Treatment Clinic (SUPT). Our SUPT is one of only five specialized programs in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. Similar to the PCT, our veteran population is quite diverse and multicultural. The interdisciplinary team consists of a psychiatrist, two psychologists, two social workers, postdoctoral psychology fellows, predoctoral interns, externs, and psychiatry residents. The fellow's clinical experiences on this rotation will include a wide range of clinical interventions that include individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. Fellows learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment and psycho-educational modalities (e.g., anger management; PTSD symptom management; seeking safety, mindfulness), but that also utilizes individual approaches. Fellows may also receive supervised experience supervising junior trainees on this rotation.

The SUPT team provides a supportive context for fellow's clinical skill development and the exploration of and insight into the common countertransference reactions to this patient population. The fellow will also learn to provide specialized approaches including evidence-based trauma-focused treatments. In addition,

the fellow will learn about a variety of treatment models, including systems-informed, ACT-informed, cognitive-behavioral, and psychodynamic therapies, as well as increase one's understanding of the neurobiological underpinnings of substance use disorders, PTSD, and approaches to psychopharmacology. There is a weekly interdisciplinary team meeting and a didactic seminar during which fellows will have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorders. Supervision will be provided primarily by staff psychologists, but significant consultation is available from the team lead staff psychiatrist.

Primary Supervisors: Dawn Lawhon, PhD, Kristine Burkman, PhD, Angie Waldrop, PhD, Shira Maguen, PhD, Susan Maxwell, PsyD, Martha Schmitz, PhD, and Sam Wan, PhD

## **7. Psychosocial Rehabilitation**

The fellow in the Psychosocial Rehabilitation (PSR) emphasis area participates largely in clinical care and training for those with severe mental illness (SMI). The fellow will receive training in a number of clinics and programs, across a continuum of coordinated services: Psychosocial Rehabilitation and Recovery Center (PRRC), General Psychiatric Outpatient Services (GPOS), Psychiatric Intensive Care Unit (PICU), and Mental Health Intensive Case Management (MHICM). Furthermore, the fellow may gain some additional exposure to mental health training sites including San Francisco General Hospital (SFGH), a large multicultural urban public hospital and Langley Porter Psychiatric Institutes (LPPI) which serves a primarily insured population. The fellow will provide clinical, program development, teaching, and possibly research experience, and across these experiences the fellow receives advanced supervision and training in assessment, intervention, consultation and supervision, scholarly inquiry, professional issues, ethics, and sensitivity to diversity. The number of hours per week for each site and activity will be worked out collaboratively with the fellow at the outset of the fellowship, to take into account the particular fellow's skills, interests, and needs. There is an emphasis on professional development, and the fellow is encouraged to pursue individualized interests and strengths in developing and implementing evidence-based or manualized treatment interventions and conducting research studies for the veteran population. Across settings there is an emphasis on interdisciplinary collaboration and approaches.

The general areas are described more fully below:

Clinical: There are several clinical and education experiences and venues in which the PSR fellow would be involved to gain training in psychosocial rehabilitation and recovery. Since psychosocial rehabilitation and recovery programming at the VA nationally, and at our VA specifically, has been identified as an important focus, the fellow will learn skills in clinical leadership and program development. The specific programs and venues for the PSR Fellow will include the following:

1. PRRC (35% time) The Psychosocial Rehabilitation and Recovery Center (PRRC) program serves those with SMI and GAF scores of 50 or less. Based on a community college model, students (patients) select from among skills based classes (groups) those that would contribute to their individually chosen recovery goals. The PSR Fellow will be involved at all levels of the program, offering skills oriented classes (groups), individual intervention, and recovery oriented assessment including neuropsychological assessment as needed. The fellow will work in close coordination with the interdisciplinary team, and is expected to attend PRRC staff meetings and contribute to interdisciplinary training of staff. A majority of the fellow's clinical



time will be spent in PRRC activities.

2. GPOS (15% time) The fellow would be involved in providing evaluation and possibly some follow up to individuals with SMI seen in General Psychiatric Outpatient Services (GPOS). The work will be done in close collaboration and with the support of the interdisciplinary team, with supervision from attending psychiatrists. Following evaluation clinics, trainees including the PSR Fellow present their findings to the team for discussion and further input.

3. PICU (15% time) The fellow will provide some evaluation, individual and group interventions on the psychiatric inpatient unit (Psychiatric Intensive Care Unit, PICU). Evaluations will focus on strengths in meeting goals chosen by the individual, and neuropsychological assessment will be included as needed. Of particular interest in terms of intervention may be groups focused on sensory integration, designed to enhance thalamic suppression mechanisms and attention.

4. MHICM (% time negotiable) The Mental Health Intensive Case Management team provides home visits to veterans with SMI, and shares numerous cases with the PRRC. The PSR fellow would serve as a liaison between the two programs, and would take part in home visits. Those individuals served by this program have all had relatively recent stays on the inpatient unit, have diagnoses of SMI, and are quite impacted by their conditions as reflected in the requirement that their Global Assessment of Functioning scores fall at 50 or below. Assertive case management is among the empirically-supported approaches of help for those with SMI.

5. CA and Suicide Prevention (% time negotiable) Interventions and rapid assessment of those with SMI often occurs in Central Access (mental health emergency) and the PSR Fellow will gain exposure to the work in this emergent setting. Furthermore, suicide prevention in SMI has emerged as a topic of particular interest to the field and to VA, and the fellow will gain some exposure both in CA and also in coordination with the SFVAMC Suicide Prevention Coordinator.

Program Development: The fellow will participate in ongoing work across settings to facilitate integration of care and smooth transitions to support intervention with SMI. As a part of this and in coordination with the Local Recovery Coordinator (LRC), (Michael Drexler, PhD) the fellow will assist in needs assessments and in the assessment of recovery oriented knowledge and skill of staff in various programs. In collaboration with the LRC, the fellow will participate in staff training based on the results of such assessments. The fellow may also conduct an independent PSR intervention at the individual, group, or system level under the supervision of the LRC, depending on the skills and interests of the particular fellow. While the fellow will work as a co-leader/co-therapist in classes/groups currently provided, the development of new groups following the principles of psychosocial rehabilitation and recovery will be encouraged.

Teaching and Supervision: In coordination with the Local Recovery Coordinator and other staff from the programs above, the PSR Fellow will take part in offering didactic presentations to staff across programs and settings, presenting on topics related to psychosocial rehabilitation and recovery. Furthermore, the Fellow will be expected to gain supervision experience with Interns and/or Externs involved in PSR and or related rotations. The Fellow will receive advanced relevant supervision.

Research: Some of the SFVAMC research strengths of particular interest to the PSR Fellow will likely include such studies as cognitive remediation in schizophrenia, neuroimaging in schizophrenia, and intervention in stigma for SMI. While research is not the primary focus of the PSR Fellowship, some involvement in clinical research will be encouraged to foster the development of a scientist-practitioner

model worldview.

As for didactic and related training, there is a biweekly PSR Brownbag Seminar the Fellow will be required to attend and help to coordinate; there are weekly clinical staff meetings in PRRC.

Primary Supervisors: Michael Drexler, PhD, Jennifer Boyd, PhD and John McQuaid, PhD

### **8. Rural Psychology and Community Mental Health**

The fellows in the Rural Psychology and Community Mental Health emphasis area are based at the Santa Rosa Community Based Outpatient Clinic (CBOC). The Santa Rosa CBOC is located 60 miles north of San Francisco and serves veterans residing in the rural counties of Northern California, including Sonoma, Napa, Lake and Mendocino.

During the course of this fellowship, the fellows develop advanced competence in the assessment and treatment of PTSD, Substance Use Disorders, Mood Disorders, and other relevant DSM-IV related disorders. The fellow receives training and supervision in treatments such as Cognitive Behavioral, Motivational Enhancement, Prolonged Exposure, and Dialectical Behavioral Therapy. In addition, the fellows develop competence in delivering clinical assessments, individual and group therapy, and psycho-educational interventions to our rural veterans using telephone and/or telemental health technology.

In addition to the fellow's work with the Mental Health Clinic, the fellow gains experience in a variety of key areas while engaged with the SR CBOC Home Based Primary Care Program (HBPC). Specifically, the fellow works alongside a psychologist based from the San Francisco VAMC to provide assessments and evaluations of HBPC patients. The assessments include screenings for cognitive deficits to address specific functional questions or to determine if a referral for a complete neuropsychological evaluation or dementia assessment is needed. Furthermore, the fellow gains skills to assess for capacity/competency when questions arise about a patient's ability to make medical and financial decisions or live independently.

In addition to clinical responsibilities, the fellow develops competence in providing consultation to providers from other professions by preparing reports, making didactic presentations, and participating in multidisciplinary case conferences. Also, the fellow supervises pre-doctoral practicum students, provides on-going feedback on strengths and areas for improvement, and furthers his/her sensitivity to individual difference between self and supervisees. The fellow receives weekly supervision from the supervising psychologists on site, and other Santa Rosa CBOC and SFVAMC supervisors in the context of seminars and meetings.

Integration with San Francisco VA Medical Center and Northern California VA Community Based Outpatient Clinics: The fellow assigned to rural psychology is well integrated with Psychology and Mental Health Services at the San Francisco VA Medical Center. The fellow participates by telephone or by Vtel in the weekly Psychology Staff Meeting, the weekly Substance Abuse Seminar, the bi-weekly Psychology Fellow Seminar, and the monthly Psychology Diversity Committee Meeting, all held at the San Francisco campus. In addition, the fellow works closely with the Home Based Primary Care Program (HBPC) at SFVAMC. The fellow accompanies the HBPC psychologist to veterans' homes in Northern California, providing clinical services such as formal assessment and psychotherapy. Finally, the fellow is also

integrated with primary care (Medical Clinic) at the Santa Rosa CBOC. The fellow provides consultation and clinical services to veterans seen in primary care on the full-range of mental health problems and disorders.

The rural psychology fellow is also well integrated with both the Eureka and the Ukiah VA CBOCs. The fellow provides assessment and psychotherapy via telemental health to rural veterans who are referred by the medical and mental health staffs at the Eureka, Ukiah, and Clearlake CBOCs. These referrals are made in consultation with the supervising psychologist at the Santa Rosa CBOC.

Telecommunication and Telemental Health: Telecommunication and telemental health are integral to the rural psychology fellowship. The fellow uses telephone or Vtel to attend the above named seminars and meetings and to provide clinical services to rural veterans at the Eureka, Ukiah, and Clearlake CBOCs. Vtel and telemental health equipment include desktop and larger portable units to maximize access and services to our veterans.

Supervision: Primary supervision of the fellow is provided on-site by the full-time supervising psychologists at the Santa Rosa CBOC, Andrew Turner, PhD and Megan McCarthy, PhD. Additional supervision and clinical feedback are provided by staff psychiatrists at the Santa Rosa CBOC in the weekly treatment team meeting that is also attended by the supervising psychologist.

Primary Supervisors: Andrew Turner, PhD and Megan McCarthy, PhD Additional Supervisors: Alex Threfall, MD

## **9. Substance Use Disorders Treatment and Co-occurring Disorders**

The Substance Abuse Programs (SAP) within the Mental Health Service includes four collaborating clinics addressing the diverse treatment needs of veterans with Substance Use Disorders (SUD) and co-occurring psychiatric disorders: Substance Abuse/PTSD Treatment Clinic (SUPT), Opioid Replacement Treatment Clinic (ORT), Drug and Alcohol Treatment Clinic (DAT) and Substance Abuse Day Hospital (SADH). The fellow in the Substance Use Disorders Treatment and Co-occurring Disorders emphasis area is an integral member of the service, being received as a “junior colleague.” The fellow assumes critical teaching, supervision, program development and leadership responsibilities. Specific activities are tailored to the fellow’s interests, potential growth areas and current training opportunities. The fellow will divide time between SUPT, ORT and DAT and may choose to work in SADH as an elective. While the fellow is housed in SAP, experiences are more focused on co-occurring disorders (primarily PTSD and SUD), with SUPT typically the largest rotation. Descriptions of training experiences within each clinic are listed below.

### Clinical Rotations:

#### **1. Drug Abuse and Alcohol Treatment (DAT) Clinic (10-20% time):**

The DAT Clinic is designed provide outpatient treatment for veterans with substance use disorders and encourages long-term continuing care for those pursuing an abstinence-based recovery. Treatment is based on a three phase model (roughly equivalent to stabilization/sobriety, sustained recovery/abstinence, and integration/ongoing maintenance), and utilizes group psychotherapy as its main treatment modality. In this model, early treatment is highly structured and behaviorally oriented. More advanced phases are progressively less structured and more psychotherapy/insight oriented. Group psychotherapy ranges from highly structured, behaviorally oriented approaches (e.g., Marlatt’s CBT Relapse Prevention, Mindfulness

Based Relapse Prevention) to semi-structured, process-oriented phase groups. While abstinence is the goal for most veterans in DAT, level of motivation varies among individuals; Motivational Enhancement Therapy groups are offered for veterans struggling with chronic relapse, as well as a track (based on motivational interviewing and harm reduction principles) for veterans who are ambivalent about long-term abstinence but willing to engage in treatment to address their substance use and concomitant problems. On this rotation, the fellow conducts a Mixed-Phase Substance Abuse Treatment group co-led with Joan Zweben, Ph.D. This is an ongoing interpersonal process group that focuses on substance abuse relapse prevention for patients with varying levels of recovery. The fellow provides regular updates at weekly DAT team meetings. Depending upon the training goals of the fellow, there may also be opportunities to conduct individual psychotherapy, provide case management, conduct intakes, engage in treatment planning and participate in program development.

Fellows receive clinical supervision from Staff Psychologists Joan Zweben, PhD and Chris Galloway, PhD and may also work with the DAT Clinic Director, Sally Vrana, MD and other members of the SAP training faculty.

## 2. The Substance Abuse Day Hospital (SADH) (0-10% time):

SADH is an Intensive Outpatient Program focused on comprehensive treatment in early recovery stages. SADH programming occurs Monday-Friday. Veterans attend therapeutic activities from 9am to 12pm with augmenting services (e.g., individual counseling, medical management, psychological testing) commonly provided outside core programming hours. Veterans have case coordinators and group is the primary psychotherapeutic service modality. The empirically informed SADH curriculum includes medical management, motivational interviewing, relapse prevention, trauma-informed intervention, third-wave CBT (e.g., ACT, DBT) intervention, psychoeducation, vocational therapy, recreational therapy, and 12-step facilitation.

Fellows who elect to participate in SADH can expect depth and breadth of advanced education and experience in substance abuse. Fellows attain expertise in diagnosing substance use and co-occurring psychiatric conditions and providing appropriate evidence-based treatments. Fellows assess and triage substance intoxication and withdrawal. Fellows gain experience in complex case management and effective collaboration, including master understanding of medical management of addictive behaviors and allied medical services. Fellows collaborate with anesthesia-pain fellows, psychiatry residents and fellows, medical students and psychology externs. Fellows engage in program development (e.g., development and dissemination of added milieu curricula) and ladder supervision of newer trainees.

Fellows receive clinical supervision from Staff Psychologists Carl Williams, PhD and Christopher Galloway, PhD, as well as Ellen Herbst, MD, Staff Psychiatrist and Medical Director of SADH.

## 3. Substance Abuse/PTSD Treatment Clinic (SUPT) (50% time):

The SUPT is one of only five specialized programs in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. Similar to other rotations our veteran population is quite diverse and multicultural. The interdisciplinary team consists of a psychiatrist, two psychologists, two social workers, postdoctoral psychology fellows, predoctoral interns, externs, and psychiatry residents. The fellow's clinical experiences on this rotation will include a wide range of clinical interventions that include individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. Fellows learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment and psycho-educational modalities (e.g., anger management; PTSD symptom management; seeking safety, mindfulness), but that also utilizes individual approaches. Fellows may also receive supervised experience

supervising junior trainees on this rotation.

The SUPT team provides a supportive context for fellow's clinical skill development and the exploration of and insight into the common countertransference reactions to this patient population. The fellow will also learn to provide specialized approaches including evidence-based trauma-focused treatments. In addition, the fellow will learn about a variety of treatment models, including systems-informed, ACT-informed, cognitive-behavioral, and psychodynamic therapies, as well as increase one's understanding of the neurobiological underpinnings of substance use disorders, PTSD, and approaches to psychopharmacology. There is a weekly interdisciplinary team meeting and a didactic seminar during which fellows will have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorders.

Fellows receive clinical supervision from Staff Psychologists, Sam Wan, PhD and Kristine Burkman, PhD. Consultation with John Straznickas, MD, Staff Psychiatrist and Team Leader of SUPT, will also be provided.

#### 4. Opioid Replacement Treatment Clinic (ORT) (20-30% time):

The ORT Clinic is an intensive outpatient substance abuse treatment program for patients with opioid dependence, offering comprehensive mental health services, psychosocial rehabilitation and medication-assisted treatments for addiction. The majority of ORT patients also have co-occurring psychiatric disorders and polysubstance use disorders (e.g., stimulants, alcohol, benzodiazepines, and nicotine), medical illnesses, such as hepatic diseases and psychosocial stressors, such as homelessness.

ORT functions as a multidisciplinary medical and clinical team that includes two attending psychologists, two attending psychiatrists, nurses, addiction therapists, psychology postdoctoral fellows, interns, and externs, psychiatry residents and addiction medicine fellows, nursing students, a toxicology specialist and pharmacy staff. Although classified as an outpatient program, the milieu more resembles an intensive day program and many veterans come to the program 4-7 days per week. Dispensing is open every day and psychological services are offered primarily in the mornings Monday-Friday. While pharmacotherapy is not a requirement for patients to participate in ORT, most choose medication assisted treatment for opioid dependence, which is supported with a large evidence base and is mandated as a treatment option within the VA. We offer in-clinic dispensing of buprenorphine and methadone as well as outpatient buprenorphine treatment and naltrexone. Our nurses also help patients manage psychiatric and other medications such as disulfiram for alcohol dependence. Thus, psychology fellows learn a significant amount about psychopharmacology in addition to psychological treatments of addiction.

The fellow will be fully integrated into the ORT team and will participate in weekly ORT Clinical Team Meetings, ORT didactics, and daily medical rounds. This rotation will provide fellows with an opportunity to increase knowledge of substance use disorders, particularly opioid dependence, medication assisted treatments, associated co-morbid medical conditions, and co-occurring psychiatric disorders, while developing a solid foundation in effective evidence-based treatment for addiction and recovery from the addiction lifestyle. Clinical opportunities include individual psychotherapy cases (long-term and/or short-term problem focused utilizing CBT, ACT, IPT and psychodynamic models), co-facilitation of psychotherapy groups (interpersonal process and/or skills-based), psychological and neuropsychological assessment, and treatment planning/case coordination. In most years, the fellow chooses to co-lead the Young Adults Recovery Group with Dr. Rollins, a unique service-wide interpersonal process psychotherapy group for younger veterans based on Yalom and SAMHSA's TIP-41 and utilizes harm reduction and motivational interviewing techniques. The fellow may also have the opportunity to plan, develop, and implement a psychotherapy group of choice with an intern or extern and supervise. Examples of past groups include DBT, Seeking Safety, social anxiety treatment, harm-reduction alcohol recovery, mindfulness-based groups, pain management, social skills, and anger management. There is an emphasis placed on leadership and/or teaching skills and professional and program development for the fellow in ORT. Depending on interest,

there are also opportunities to engage in quality improvement projects and existing research projects.

Fellows will receive clinical supervision from Kellie Rollins, PsyD, Director of Psychology Internship and Practicum Training and/or Jessica Keyser, PhD, Staff Psychologist. Consultation with David Kan, MD, Staff Psychiatrist and Medical Director of ORT, will also be provided.

#### Additional Opportunities and Responsibilities

##### 1. Supervision Training

Developing as a supervisor/teacher is a vital component of the fellow's training year. In addition to participating in didactics on supervision provided in the broader SFVA fellow training seminar, the SAP fellow engages in supervision of psychology externs. The fellow leads a weekly 60-minute group supervision meeting with 2-4 psychology externs, which includes a review of cases (e.g., theory, conceptualization, and therapy techniques), assigned SUD readings, and professional development topics. Additionally, the fellow meets weekly with one psychology extern for 30-60 minutes of individual supervision. The fellow utilizes his/her own weekly individual supervision time ("sup of sup") to monitor his/her performance and training needs as a supervisor, discuss assessment and teaching assessments used with trainees, and expand his/her own skills as a supervisor/teacher.

##### 2. Advanced Substance Abuse Faculty/Fellow Seminar

The Advanced Substance Abuse Faculty/Fellow Seminar is a weekly collegial 90-minute forum required for fellows and is the core of their didactic training. It is chaired by Joan Zweben, Ph.D., an APA Division 50 fellow and author of numerous books, articles and papers on the treatment of addiction. The seminar is attended by SAP staff psychiatrists, staff psychologists, psychiatry residents, post-doctoral fellows from the SAP, Infectious Disease Clinic and PTSD/SUD emphasis areas, medical students, psychology externs, anesthesia medicine fellows and invited professionals from the community. The seminar covers the full range of the scholarly underpinnings of substance use disorders including: a review of prevailing treatment models such as Relapse Prevention, Contingency Management, Motivational Interviewing, Pharmacotherapy, and other psychosocial treatments of addiction; sociopolitical and legal issues affecting the field; pertinent research studies; medical interventions relevant to substance abuse; issues pertaining to special populations (e.g., opiate replacement in pregnant women, exposure treatment in co-occurring PTSD/SUD populations, use of prescription medications in adolescents, methamphetamine use in gay men, alcohol use in the elderly); and review of specific substances including newer drugs of abuse and challenges with urine drug testing. To augment learning and seminar discussion, there are required and recommended readings throughout the year. Fellows take an active role by presenting three times during their fellowship. Presentations may include case presentations, didactics on a topic of interest, discussing research findings, and/or using the seminar as a venue to prepare a job talk or conference presentation with a knowledgeable and often lively audience.

#### **10. Women's Mental Health and Primary Care: Evidence-Based Psychotherapy**

The fellow assigned to the Women's Mental Health and Primary Care: Evidence-Based Psychotherapy emphasis area will work in a number of medical practice and mental health clinics with a focus on delivering evidence-based psychotherapy in these settings. This fellow will have rotations in the SFVA Women's Clinic, within the Health Promotion Disease Prevention Program in Medical Practice, the Behavioral Health Access Center and the General Psychiatry Outpatient Service (GPOS). The fellowship will emphasize medical practice and mental healthcare integration and coordination. The fellow will receive core training/supervision in evidence-based psychotherapies in GPOS and additional training/supervision in the modification and implementation of EBPs in primary care medical clinics, with a particular emphasis in

women's healthcare issues and in health promotion and disease prevention. The fellow will have the opportunity for involvement in program development and evaluation.

As this fellowship is newly developing, please contact Dr. John McQuaid for further details.

Primary Supervisors: John McQuaid, PhD, Caitlin Hasser, MD, Hui Qi Tong, PhD & Stephen Rao, PhD.

### **11. Women's Mental Health and Trauma**

This fellow will be based in the Women's Clinic, with substantial coordination with primary care and the Posttraumatic Stress Disorder Clinical Team (PCT). The fellow will also rotate through an obstetrics program, Women's Mood and Hormone Clinic at San Francisco General Hospital, which serves women's mental health needs across the reproductive life cycle as well as focusing on the impact of hormones on mood and conduct research activities. Women's Clinic staff is internationally recognized as expert in breast cancer, hormone replacement therapy and women's urinary incontinence research.

Research: The fellow in this emphasis area will have the opportunity to conduct research. We will work with the fellow to determine the role of research in their fellowship year as well as fit with a research mentor and project. Ongoing research focuses in several areas contributing to the understanding and treatment of trauma including co-occurring PTSD and Substance Use Disorders (SUD) as they are related to risk taking behavior and decision making, the impact of killing on combat veterans, the impact of service in Operations Enduring and Iraqi Freedom on PTSD and mental health in women veterans and on veterans with mild Traumatic Brain Injury and use of pharmacologic agents to mediate the impact of fear response upon exposure to stressors.

Clinical: In addition to one full day of research activity, the fellow will work in the Women's Integrated Care Clinic, the Women's OEF/OIF Integrated Care Clinic and the Women's Focus of the PCT as well as in rotations with the high risk obstetric clinic and Women's Mood and Hormone Clinic. Electives include Telemedicine, and treatment of Military Sexual Trauma in men. The integrated clinic provides women veterans with a mental health evaluation and brief treatment wholly within the primary care setting. The fellow will provide same day evaluation of patients who screen positive for depression, PTSD, substance abuse or military sexual trauma at their primary care physician visit. The intent is to provide not only seamless evaluation and referral, but to focus on treatment engagement in a destigmatized setting in an effort to decrease barriers for women to accessing mental health care within the VA system. The fellow also has the opportunity for close coordination with primary care providers and social work and will be working with the Health Psychology postdoctoral fellow in this setting. The fellow may also participate in the development of a women's wellness focused group within the primary care clinic.

The OEF/OIF Integrated Care Clinic provides the fellow an opportunity to interface with newly returning women veterans. In this clinic, the veteran initially meets with a primary care provider, second with a mental health provider, third with a social worker, and with neurology if indicated to provide a "one stop shop" model for early diagnosis. In the Women's Focus of the PCT, the fellow will provide evaluation, individual and group treatments to women with mental health sequelae of trauma. The fellow will provide a full diagnostic assessment and treatment planning, using CAPS and other standardized assessment tools. The fellow will also carry several individual cases in all phases of treatment with added focus on co-morbid substance abuse. There is the option to learn evidence based cognitive behavioral skills and exposure treatments including Seeking Safety, Acceptance and Commitment Therapy, Mindfulness Based Stress Reduction, Dialectical Behavioral Therapy, Cognitive Processing Therapy, and Prolonged Exposure. The

fellow will co-lead women's psychoeducation and skills groups and will participate in the development of new skills and process groups for women.

For six months, the fellow will rotate one afternoon per week in the women's mood and hormone clinic at UCSF and participate in the clinic's weekly case conference. The clinic focuses on the evaluation of anxiety and affective disorders across the reproductive life cycle, with particular attention to premenstrual dysphoric disorder, postpartum depression, and the menopausal transition. For six months, the fellow will rotate one day per week in the High Risk Obstetrics clinic. The women who are served in this clinic are from a wide range of cultural backgrounds, many of whom are monolingual Spanish speakers, who have been exposed to high rates of violence and trauma. A high percentage of them suffer from mental health issues, homelessness, and poverty. The trainee will consult with a multidisciplinary team that includes primary care providers, obstetricians, social workers, and other mental health providers and participate in the weekly multidisciplinary case conference with psychiatry, social work, and obstetric providers.

Didactics/Supervision: The fellow assigned to Women's Mental Health and Trauma emphasis will participate in two hour long didactic/clinical meetings, one in the Women's Clinic and one in PCT. Along with the two PCT fellows, the Women's Health fellow will attend PCT staff and training meetings. They will have opportunities to supervise interns and externs on individual treatment and to co-lead groups with these trainees, as the senior clinician. Fellows will be provided supervision with the licensed psychologists affiliated with Women's Clinic and psychiatrist Dr. Caitlin Hasser. There will be regular meetings with the fellow's research mentor as well. While the focus of supervision will include case management and the conduct of evaluation and treatment, it will also focus strongly upon professional development within the Clinic and VA setting. Issues concerning program development, professional identity, interface between clinics, supervision and work/life balance will be covered.

Primary Supervisors: Hui Qi Tong, PhD, Angela Waldrop, PhD and Caitlin Hasser, MD

## **12. Postdoctoral Residency Program In Clinical Neuropsychology (2 Years)**

The training model for the Clinical Neuropsychology Residency derives from the prevailing model within the field of Clinical Neuropsychology, as outlined by the Houston Conference Guidelines. Consistent with these guidelines, our program entails two years full-time supervised clinical training and didactic experiences, organized to gradually expose the resident to increasingly advanced training activities. The residency training offers diverse supervised experiences designed to foster advanced understanding of brain-behavior relationships and skills pertinent to the independent clinical practice of neuropsychology, including skills related to assessment, consultation and clinical interventions with individuals suffering neuropsychological dysfunction. Active involvement in scholarly and research activity is also strongly encouraged and supported. Training is geared to establishing advanced competency in this specialty practice area, leading to eligibility for professional licensure and board certification in clinical neuropsychology by the American Board of Professional Psychology.

### **Primary Supervisor**

Johannes Rothlind, Ph.D., Staff Psychologist, SFVAMC Neuropsychological Assessment Program, Director of the SFVAMC Clinical Neuropsychology Residency



### Additional Core Faculty

Brianna Paul, Ph.D., UCSF Epilepsy Program and Memory and Aging Center  
Charles Filanosky, Ph.D., Neuropsychology Medical Practice – Mental Health Integrated Clinic  
Joel Kramer, Psy.D., ABPP-CN, UCSF Memory and Aging Center  
Tatiana Novakovic-Agopian, Ph.D. Neurology-Rehabilitation  
Medicine

Supervision and mentorship are available from other psychologists, psychiatrists, and neurology staff working at the training sites listed in the CN Residency brochure.

For a detailed description of the training program, please refer to the Clinical Neuropsychology Residency brochure located on the website: <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

### **Requirements for Completion**

Fellowship is a full-time one year 52 week, commitment equaling approximately 2080 hours.

In response to APA's increasing emphasis on setting, measuring and objectifying the benchmark criteria for acquisition of these clinical skills, our Fellow Evaluations quantitatively track successful mastery of each competency area. To successfully complete our fellowship, a fellow's final set of rotation evaluations should be rated at 80% competent at a fellow exit level which is equivalent to "no supervision needed."

In order for Fellows to maintain good standing in the program they must:

- For the 4 and 8 month evaluation points, obtain evaluation ratings that are the equivalent of "little supervision needed" in at least 80% of items for each competency area.
- Demonstrate progress in those competency areas where less than 80% of items on the evaluation have been rated equivalent to "little supervision needed".
- Not be found to have engaged in any significant ethical transgressions

In order for Fellows to successfully complete the program, they must:

- By the end of the year, obtain evaluation ratings of the equivalent to "no supervision needed" in at least 80% of items in each competency area.
- Not be found to have engaged in any significant ethical transgressions

### **Facility and Training Resources**

Fellows will have their own workspace with lockable cabinets, drawers, their own computer and telephone line with private extension number. They may have their own office or share cubbies depending on the nature of the emphasis area you are assigned (e.g., Primary Care fellow will be housed in Medical Practice and may need to rotate space with medical residents). You may inquire about your office space during your interview. Fellows carry VA issued pagers and are not expected to use their own resources such as cell-phones, flash drives or recording equipment. Fellows have access to program support, medical library at the VA as well as use of UCSF library and other resources. Clinical space will be provided through a

room check-out procedure if necessary. Each VA computer has access to the Internet and on-line literature search resources as well as word processing and CPRS medical record keeping. There is a broad range of psychological and neuropsychological tests available. Clerical support is available through each treatment unit as well as through Psychological Services. The SFVAMC Medical Library has over 350 current journal subscriptions, 43 of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Fellows also have access to the medical library of UCSF, with its 2,600 current journals and Center for Knowledge Management services.

## **Administrative Policies and Procedures**

Our privacy policy is clear: we will not collect personal information about you when you visit our Website.

**Procedures for due process** in cases of problematic performance are in place, as are grievance procedures to be followed by fellows and staff alike.

## **POLICY & PROCEDURES FOR PROBLEMATIC FELLOW PERFORMANCE AND DUE PROCESS**

### **Introduction**

It is the purpose of the Clinical Psychology Training Program to foster and support the growth and the development of Fellows during the training year. An attempt is made to create a learning context within which the Fellow can feel safe enough to identify, examine, and improve upon all aspects of his or her professional functioning. Therefore, Fellows are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, there should be no surprises since a Fellow is aware of his/her progress on an ongoing basis. It is a goal of training for supervisors to work with Fellows to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the Fellow to address the problem area(s) and build on the strengths.

### **Definitions of Problematic Behaviors**

For the purposes of this document Fellow “problematic behaviors” are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;
2. repeated non-adherence to the rules and regulations of the Clinical Psychology Training Program and/or the San Francisco VA Medical Center;
3. an inability to acquire professional skills that reach an acceptable level of competency, and/or;
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.

Evaluative criteria which link this definition of “problematic behaviors” to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at quarterly intervals. These criteria are kept in mind throughout the year and discussions regarding a Fellow’s progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when a Fellow’s behavior becomes serious rather than just

problematic, for the purposes of this document a “problem” refers to a Fellow’s behaviors, attitudes, or characteristics which, while of concern and which require remediation, are perceived to be not very unexpected or excessive for professional in training. Problems typically become identified as “severe” when they include one or more of the following characteristics:

1. the Fellow does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the Fellow is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the Fellow behavior does not change as a function of feedback, remediation efforts, and/or time.

## **Policy**

A. It is the policy that a Fellow may fail a specific rotation, and/or entire Fellowship and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the Fellows group may be diverse and because Fellows come with different skills and abilities, it is not expected that all Fellows will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons but it is not limited to this list:

1. incompetence to perform typical psychological services in this setting and inability to attain competence during the course of Fellowship;
2. violation of the ethical standards of psychologists;
3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
4. behaviors which are judged as currently unsuitable and which hamper the Fellow’s professional performance;
5. violation of VHA or San Francisco VA Medical Center regulations.

B. It is also the policy that the Fellow can invoke his/her right of appeal as specified the Procedures and Due Process section of this document.

## **Procedures and Due Process**

A. Determination of “Severe Problematic Behavior” Status

Whenever a supervisor becomes aware of a Fellow’s problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the Fellow. The Director of Training will then present the situation to a meeting of the Training Committee (minus the Chief Psychologist). A determination will then be made by consensus whether or not to label the Fellow with, “severe problematic behaviors,” which implies the possibility of discontinuing the training. This will be done after a thorough review of the Fellow’s work and performance, and one or more meetings with the Fellow to hear his /her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1)

construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

## B. Remedial Action

A Fellow who is determined with “severe problematic behaviors” but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine the necessary steps to correct it. If deemed helpful by the Fellow, members of the faculty at the Fellow’s graduate program may be consulted for input into this planning process. When a plan for correction has been determined, the Fellow will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the Fellow.

## C. Procedure for Termination and Appeal

1. Due Process: The Fellow will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the Fellow’s graduate program shall be sought. If he/she is unable to attend personally, arrangement shall be made for some means of conference call communication. Additionally, other representation may be sought by the Fellow.
2. Appeal: Should the Training Committee recommend termination, the Fellow may invoke his/her right of appeal to the Chief Psychologist. That individual may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologists would not be on the Training Committee (nor would have supervised the Fellow) and may include someone from another APA-accredited program such as Palo Alto VA. The training program shall abide by the decision of the appeal process.

## Grievance Policy & Procedures

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and Fellows that are based on mutual respect; however, it is possible that a situation will arise that leads an Fellow to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
2. Causes for grievances should be addressed in the following steps:
  - a. The Fellow should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the Fellow should always notify the Director of Training, even if the issue is resolved.

b. A situation might be too difficult for a Fellow to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter.

c. If the steps taken in a. and b. above fail to resolve the matter adequately, the Fellow can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Psychology Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.

d. If the grievance is against the Director of Training, the Chief Psychologist will designate a member of the Psychology Training Committee to undertake the investigation of the matter and report back to that office.

e. If the Fellow is not satisfied with the Director of Training's decision, the matter can be appealed to the Chief Psychologist who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

## **Application & Selection Procedures**

### Application Timetable

Submit electronic applications for all one-year fellowships by **December 2, 2013, 11:59pm PST** to: [sfvamc\\_mhs\\_psychology\\_fellowship\\_program@outlook.com](mailto:sfvamc_mhs_psychology_fellowship_program@outlook.com). You may apply to more than one emphasis area, but need to submit only one application, unless there are additional and different supplemental materials required per emphasis area.

The application deadline for the two-year postdoctoral residency in Clinical Neuropsychology is **January 10, 2014, 11:59pm PST**; please submit electronic applications to [sfvamc\\_mhs\\_clinical\\_neuropsychology\\_residency\\_program@outlook.com](mailto:sfvamc_mhs_clinical_neuropsychology_residency_program@outlook.com).

The applications can be found at the end of this brochure and on our postdoctoral website <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>.

### Eligibility

Candidates **MUST** be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** and **MUST** have completed an **APA-accredited internship**. All requirements for the doctoral degree must be completed prior to the start of the fellowship year. Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. The VA requires that applicants are **US Citizens**, men have registered for selective service, and all have had varicella infection ("chicken pox") or vaccination for such prior to the start of the fellowship. For the Clinical Neuropsychology Residency candidates must be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** with specialized training in clinical neuropsychology consistent with guidelines established in the Houston Conference on specialty education and training in clinical neuropsychology. They must also have completed an **APA-accredited internship** with additional general and specialized training to prepare the applicant for clinical neuropsychology residency training.

Specific details related to eligibility as found on [www.psychologytrainingva.gov](http://www.psychologytrainingva.gov):

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. Have received a Doctorate from an APA-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
6. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

### Nondiscrimination Statement

The SFVAMC Psychology Postdoctoral Fellowship Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, ethnicity, disability, marital status, sexual orientation, and Veteran status. This policy is in adherence with application, selection, orientation and employment in all SFVAMC programs, services and activities. The San Francisco VAMC is an Affirmative Action / Equal Opportunity Employer.

### Selection Process

Completed applications are reviewed by the supervisors of each emphasis areas (who are members of the Psychology Training Committee) and the current postdoctoral fellows assigned to that area of emphasis. These members, in addition to the Director of Training Psychology Postdoctoral Fellowship, form the Fellowship Selection Committee for each area of emphasis.

Application ratings are based on the applicant's interest, experience and quality of previous clinical training in the area of emphasis, academic work and accomplishments, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, insight, etc.) and written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for fellows whose experience and career goals match the training that we offer.

If you have been selected to interview, you will be invited by telephone by a member of the Selection / Training Committee of the emphasis area. It is anticipated that all applicants will be notified whether they will be invited or not either by telephone or by email no later than **December 18, 2013**.

### Interviews

Interviews will take place on-site, occasionally by telephone or Vtel, and will be conducted between **Thursday January 2, 2014 and Friday January 17, 2014**. Interviews consist of a series of 30 minute individual meetings with members of the Fellowship Selection Committee (supervisors and postdocs in that emphasis area and the Director of Training). Once you are invited, you can coordinate your interview date

with our program administrator, or a member of the Selection /Training Committee. If you have applied to more than one emphasis area, you may want to wait to hear from those supervisors prior to setting up a date so that you can try to interview in one day or on two consecutive days. We will work to accommodate your travel dates and preferences.

### Notification

The one-year *APA accredited* Postdoctoral Fellowship Program will begin making offers on **Wednesday, February 19, 2013 at 9:00am PST**. Candidates will be allotted 48 hours to hold their offer. Emphasis area positions will remain open until filled.

The two-year *APA accredited* postdoctoral residency in Clinical Neuropsychology is registered as an **APPCN** match participant with results released to applicants and program directors on **February 28, 2014**.

### Training Term

The fellowship is a full-time, one year, 52 week commitment beginning **September 2, 2014 to September 3, 2015**. One year at full-time equals approximately 2080 hours. Fellows are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). San Francisco VA also offers generous professional leave for conferences and other approved educational activities.

### Stipend and Benefits

The current stipend is \$50,008 per year. State and federal income tax and FICA are withheld from Fellows' checks. Fellows are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers fellows for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for fellows on a matching basis, (i.e., fellows pay half of the premium and the VA pays the other half.) On June 26, 2013, the Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) is unconstitutional. As a result of this decision, the Office of Personnel Management (OPM) has now extended benefits to employees and annuitants who have legally married a spouse of the same sex. Dental and vision insurance are also available. San Francisco VA Medical Center also offers a public transportation reimbursement program. Fellows are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). San Francisco VA also offers professional leave for conferences and other approved educational activities.

### Application Procedure

To apply for our one-year fellowship please submit electronic applications by **December 2, 2013, 11:59pm PST** to [sfvamc\\_mhs\\_psychology\\_fellowship\\_program@outlook.com](mailto:sfvamc_mhs_psychology_fellowship_program@outlook.com). Please do not mail any materials in hard copy form.

1. The **Application** form (found at the end of this brochure) including the two essays (**Essay1, Essay2**) and any **Supplemental** materials required for each emphasis area
2. Current Curriculum **Vitae**
3. Three letters of **Recommendation**

4. Official graduate school transcripts mailed directly from the University Registrar to:  
Attention: Mr. Casey Lee / Ms. Jamye Kubick  
San Francisco VA Medical Center  
4150 Clement Street (116B)  
San Francisco, CA 94121
5. A letter of support from your **Dissertation** chairperson describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral fellowship begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the start of the fellowship year.
6. A letter of support from your current **Internship** Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If internship already completed, you can mail a copy of your pre-doctoral internship certificate.

#### Electronic Application Instructions

All materials should be emailed to [sfvamc\\_mhs\\_psychology\\_fellowship\\_program@outlook.com](mailto:sfvamc_mhs_psychology_fellowship_program@outlook.com). The file name of all attachments must be formatted with the applicant's last name, first name, SFVAPD and identifier of the application materials. For example: **Last name\_First name\_SFVAPD\_Application**; please refer to the application checklist for examples of file names for each of the application materials. Please publish a copy of each attachment / document into a PDF before submitting. Any text included within your transmittal email will not be saved as a part of your application packet – as we will only be reviewing attachments. Please do not mail any materials in hard copy form with the exception of the Official Graduate School transcript that will be mailed directly from the University Office of the Registrar. Please have official letters of recommendation submitted electronically to [sfvamc\\_mhs\\_psychology\\_fellowship\\_program@outlook.com](mailto:sfvamc_mhs_psychology_fellowship_program@outlook.com) using the same file format: **Last name\_First name\_SFVAPD\_Recommendation\_Last name of Recommender**, submitted directly from the letter writer's VA, university or agency email address, as a signed, scanned PDF document.

#### Contact Information

Questions regarding your application or other administrative matters should be directed to Mr. Casey Lee at [Casey.Lee@va.gov](mailto:Casey.Lee@va.gov) or Ms. Jamye Kubick at [Jamye.Kubick@va.gov](mailto:Jamye.Kubick@va.gov) or via 415-221-4810 x2073.

Specific questions regarding the Training Program in general may be directed to Dr. Stephen Rao at [Stephen.Rao@va.gov](mailto:Stephen.Rao@va.gov).

The San Francisco VA's Psychology Fellowship is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2014. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2019. The San Francisco VA's Psychology Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our Psychology Fellowship is affiliated with the University of California, San Francisco.



**Commission on Accreditation (CoA), American Psychological Association**

750 First Street, NE

Washington, DC 20002-4242

202-336-5979 [www.apa.org/ed/accreditation/](http://www.apa.org/ed/accreditation/)

Other Information

In accord with the Federal Drug-Free Workplace Program, fellows may be subject to urine testing for illicit drug use. Other branches of the federal government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VAMC is an Affirmative Action/Equal Opportunity Employer.

## San Francisco VA Medical Center Psychology Training Staff

**Keith R. Armstrong, L.C.S.W.** is the Director of the Family Therapy Clinic, the social workers in Mental Health Service and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). He is also a member of the Posttraumatic Stress Disorder Program. Prior to his 21 years of outpatient work at the VA he was the inpatient social worker for the VA's Psychiatric Inpatient Unit. He received his master's degree in Social Work from University of California, Berkeley in 1984. He is author of clinical and research articles and chapters addressing the treatment of traumatized individuals and families. He co-authored *Courage After Fire*, a self-help book for returning Iraq and Afghanistan veterans and their families. In 2005 he was given his 4th excellence in teaching award by the University of California Psychiatry Residents Association. In 2005 he also won the Excellence in Direct Teaching Award by the Haile Debas Academy of Medical Student Educators. He currently is involved in caregiver research at the Kansas City VA Medical Center and is also involved in consulting to the intensive Family Therapy program at UCSF.

**Steven L. Batki, M.D.** directs the Addiction Psychiatry Research Program at the San Francisco VA Medical Center, within the UCSF Department of Psychiatry. Prior to his return to UCSF, Dr. Batki had served as Professor and Director of Research in the Department of Psychiatry at the State University of New York (SUNY) Upstate Medical University from 1999 to 2007. Dr. Batki completed his psychiatry training at UCSF where he taught, directed clinical services, and conducted clinical research from 1983 to 1999. In his previous roles at UCSF, he was Clinical Professor of Psychiatry and Director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital until his move to SUNY Upstate Medical University in 1999. Dr. Batki engages in clinical research in addiction psychiatry and psychopharmacology with a focus on the treatment of addiction and comorbid mental illness and medical disorders. His NIAAA-funded research addresses the treatment of alcohol problems among individuals with schizophrenia. His NIDA project is aimed at improving the treatment of injection drug users with chronic Hepatitis C infection. Dr. Batki's research at the San Francisco VAMC will continue to focus on psychopharmacology and addiction comorbidity with schizophrenia as well as PTSD.

**Jennifer E. Boyd, Ph.D., CPRP**, is the Director of the Psychosocial Rehabilitation and Recovery Center and an Associate Adjunct Professor of Psychiatry at the University of California, San Francisco. Dr. Boyd was educated at Stanford University, the University of Maryland, Georgetown University, and Columbia University. Her research investigates the influence of sociocultural factors on psychopathology, such as the cross-cultural validity of psychological measures, and the effect of internalized stigma on the course of severe mental illness. Recent papers include —Hearing voices: Explanations and implications,, —Internalized stigma predicts erosion of morale among psychiatric outpatients,, —Internal validity of an anxiety disorder screening instrument across five ethnic groups,, —Cultural differences in patterns of mood states on board the International Space Station,, —Association of Rorschach and MMPI psychosis indicators and schizophrenia spectrum diagnoses in a Russian clinical sample.. In clinical work, Dr. Boyd uses the recovery model of psychosocial rehabilitation.

**Kristine Burkman, Ph.D.** is a staff psychologist in the Substance Use and PTSD Clinic (SUPT) within the Substance Abuse Programs and the PTSD Research Program. Dr. Burkman received her Ph.D. in clinical psychology from Northwestern University, Feinberg School of Medicine, where her research focused on developmental trauma. She completed her pre-doctoral internship at the SFVAMC, followed by completion of a postdoctoral fellowship at the SFVAMC specializing in PTSD and substance use disorders (SUD). Dr. Burkman's research interest includes treatment interventions for PTSD, and is currently working with Dr. Shira Maguen to develop a novel treatment of PTSD for veterans who have killed in war. Clinically, she specializes in psychodynamic, interpersonal, and self-psychological approaches to treatment and is strongly grounded in attachment theory. She also conducts individual and group psychotherapy using numerous evidence based treatments for PTSD and SUD including: motivational enhancement therapy (MET), cognitive behavioral therapy (CBT), cognitive processing therapy (CPT), prolonged exposure (PE), and seeking safety. She provides clinical supervision to psychology externs, interns, and fellows.

**Timothy P. Carmody, Ph.D.** is Director of the Health Psychology Program and Clinical Professor in the Department of Psychiatry, UCSF. He received his doctorate in clinical psychology from the University of Montana in 1977 and has been a member of the Psychological Services staff since 1985. For eight years, he was a faculty member in the Department of Medical Psychology at the Oregon Health Sciences University. His professional interests include nicotine dependence, chronic pain, Obesity / weight control, and behavioral factors in the prevention and treatment of coronary heart disease. He is affiliated with the Department of Psychiatry's Treatment Research Center in which he directs a clinical trial on tobacco use cessation in alcohol-dependent smokers. He has published in a variety of areas in behavioral medicine including smoking cessation, pain management, coronary risk factors, and dietary management of hyperlipidemia, coronary-prone behavior, and medical adherence. Dr. Carmody has been the recipient of a Research Career Development Award from the National Heart, Lung, and Blood Institute (NHLBI) and he has served on several ad hoc grant review committees for NHLBI. His research has been funded by the VA HSR&D and RR&D Programs, NIDA, and the University of California Tobacco-Related Diseases Research Program.

He serves as an editorial consultant to several professional journals and member of the editorial boards for the *Journal of Clinical Psychology in Medical Settings* and *Psychological Services*. He also serves as chair of the VA's National Technical Advisory Group for tobacco use cessation, secretary/treasurer for the APA Division 18/VA section, and member of the Evidence-Based Behavioral Medicine Committee for the Society of Behavioral Medicine.

**Maggie Chartier, PsyD, MPH.** is a staff psychologist at the San Francisco VA Medical Center in the HIV and Liver Clinics. She is also the National Program Coordinator for the Behavioral Management of HIV and Hepatitis C in VHA's Clinical Public Health Office. Prior to graduate school, Dr. Chartier served as a Peace Corps Volunteer in the Ivory Coast, and then completed her M.P.H in Epidemiology and received a certificate in International Development from the University of Washington, Seattle. She received her Psy.D. from the PGSP-Stanford Consortium in Palo Alto, California, and completed her clinical internship at the University of California, San Francisco (UCSF), followed by a postdoctoral fellowship in HIV/HCV psychology at the SFVAMC. In her role as a clinician and supervisor, Dr. Chartier works with the SFVAMC Infectious Disease Clinic and the Liver Clinic and with the Primary Care team at the homeless Community-Based Outpatient Clinic (CBOC) to provide integrated mental health services to patients with HIV/AIDS and Hepatitis C. In her role as a National Coordinator, Dr. Chartier is involved in developing and evaluating several ongoing projects related to the training of psychologists and mental health providers in HIV/HCV care and the impact of integrated care and behavioral health in these clinical populations. Dr. Chartier's research and clinical interests include program evaluation and development, implementation research in the areas of HIV/AIDS, HCV, and Acceptance and Commitment Therapy (ACT), and other mindfulness-based therapeutic interventions.

**Robert Daroff, MD** is a Health Sciences Clinical Professor in the Department of Psychiatry and a staff psychiatrist at the San Francisco VA Medical Center. He received his BA and MD degrees from Case Western Reserve University, and completed his psychiatry residency at UCSF in 1994. He runs the HIV Psychiatry Clinic at the VA in addition to his general outpatient psychiatry practice. He has presented nationally and internationally on the topic of HIV psychiatry and HIV testing. Dr. Daroff served as an associate training director of the psychiatry residency training program from 2002-10. From 2006-2012 he served as the Psychiatry 110 Clerkship Director, overseeing psychiatry training for over 150 third year UCSF medical students at five different clerkship sites. He served as the Associate Chief for Education for the Mental Health Service from 2009-2012 where he was the senior administrative leader for all Mental Health Service education programs as well as coordinating programming for faculty and staff continuing education. Dr. Daroff has received a number of teaching awards and nominations for his work in the School of Medicine and was recognized in 2010 with the UCSF Chancellor's Award for LGBT Leadership. In 2010, he was selected for membership in the UCSF Academy of Medical Educators. In 2013 he received the Sarlo Award for Education, the Department of Psychiatry's highest teaching honor, given to one educator each year across all campuses.

**John Devine, M.D.** is a staff psychiatrist General Psychiatry Outpatient Services and is an Associate Clinical Professor, Department of Psychiatry, University of California, San Francisco. Dr. Devine received his medical degree from the University of Vermont in 1988, and completed his internship and residency in psychiatry at the University of California, San Francisco in 1992. He served as Chief Resident in Psychiatry at the SFVAMC from 1992-93, and has since worked as a staff psychiatrist in the outpatient services. His interest include psychiatric education, psychodynamic psychotherapy, group psychotherapy, treatment issues related to affective disorders and the psychiatric issues of patients with HIV infection. Dr. Devine's most recent publication has been a chapter on psychotherapy of patients with HIV infection in a book entitled: The UCSF ADS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention and Therapeutic Practice.

**Jeremy Doughan, Psy.D.** is a staff clinical psychologist in the Division of Geropsychiatry at the San Francisco VAMC. Current clinical roles include the Home Based Primary Care Program, Hospice/Palliative Care Service, inpatient Neuropsychology consults, Geriatric Medical Practice Clinic and Geriatric Mood Assessment Clinic. Dr. Doughan received his undergraduate degree in psychology from the University of Minnesota. He subsequently received his master's and doctoral degree from the Minnesota School of Professional Psychology. During his graduate tenure, he completed an advanced practicum in geriatrics at the Minneapolis VAMC, pre-doctoral clinical psychology internship at the Miami VAMC and postdoctoral fellowship in Clinical Psychology, with Geropsychology specialization, at the Boston VAMC. He held academic appointments as a Teaching Fellow in Psychiatry at the Boston University School of Medicine, Clinical Psychiatry Fellow at Harvard Medical School and currently is Adjunct Professor of Psychology at the University of San Francisco. Dr. Doughan's interests include geriatric-neuropsychological evaluations, personality assessments of older adults, interpersonal psychotherapy of geriatric patients and academic teaching/supervision of trainees.

**Michael L. Drexler, Ph.D., CPRP,** is the Local Psychosocial Recovery Coordinator (LRC) for Serious Mental Illness at the SFVAMC. As the LRC, he provides patient and staff education, support, consultation and evidence-based intervention supporting role recovery. He works closely with interdisciplinary teams across the service, and most intensely with the Psychosocial Rehabilitation and Recovery Center, the Psychiatric Intensive Outpatient Program, and also provides input and service to the Psychiatric Inpatient Care Unit as well as Mental Health Intensive Case Management. He also provides evaluations in the

Compensation and Pension Clinic and manages the mental health services provided in that clinic. Dr. Drexler is a staff psychologist and neuropsychologist. Prior to becoming the LRC, he served as Geropsychologist and Geriatric Neuropsychologist at SFVAMC. Before coming to the VA, he worked at Laguna Honda Hospital and Rehabilitation Center in San Francisco, one of the largest skilled nursing and subacute rehabilitation facilities of its kind, where he served as Director of the Neuropsychology Service, Program Director of Psychosocial Units, and Psychosocial Coordinator of the Dementia Cluster. Dr. Drexler has worked as the consulting psychologist/neuropsychologist for Geriatric Services of San Francisco, Garfield Geropsychiatric Hospital in Oakland, Morton Bakar Geropsychiatric Center in Hayward (which was heavily oriented toward psychosocial rehabilitation), and Letterman Army Medical Center in San Francisco. He is Assistant Clinical Professor at UCSF, adjunct professor at the California School of Professional Psychology of Alliant University, Berkeley/Alameda, and is Instructor in Psychosocial Rehabilitation, Geropsychology and Neuropsychology at UC Berkeley Extension. Dr. Drexler is a Fellow of the National Academy of Neuropsychology, and his service to that organization has included being Chair of the Education Committee. He is board certified by the United States Psychiatric Rehabilitation Association. He is a Past President of the Northern California Neuropsychology Forum. He received his doctorate from the California School of Professional Psychology of Alliant International University, Berkeley, in 1988.

**Charles Filanosky, Ph.D., Ed.M, APBB**, is a Staff Clinical and Rehabilitation Neuropsychologist in the Medical Practice – Mental Health Integrated Clinic (MP-MHIC) joining the SFVAMC in 2007. He is also an Assistant Clinical Professor of Psychiatry at UCSF. Prior to this, he completed a two year post-doctoral residency in clinical neuropsychology and rehabilitation research at The Mount Sinai Medical Center in New York and was an adjunct member of the faculty at Hunter College of the City University of New York. He earned his doctorate at the Pacific Graduate School of Psychology (2004) and has a Master's degree in education from Boston University (1995). Dr. Filanosky is primarily located in the MP-MHIC where he evaluates veterans who screen positive for mental health concerns and provides consultation services to the medical staff and residents. His therapeutic approach integrates cognitive-behavioral, existential, and mindfulness based therapies. He also performs neuropsychological evaluations for PNAP where he specializes in traumatic brain injury (TBI). In addition, he is involved in the coordination of services for returning OEF/OIF veterans, consults to the PCT, performs compensation and pension evaluations and is a member of the Polytrauma Clinical Support Team. His research interests include neuropsychological assessment, TBI, applications of technology in within mental health, and coping with grief and bereavement.

**Chris Galloway, Ph.D.**, is a staff psychologist for the Substance Abuse Day Hospital (SADH) and the Drug and Alcohol Treatment (DAT) programs. After receiving his Ph.D. in Clinical Psychology in 2006 from the University of North Carolina at Chapel Hill, he completed a Postdoctoral fellowship with the Dual Disorders team at the Center for Excellence in Substance Abuse Treatment and Education at the Seattle VA. He established the SFVAMC Suicide Prevention Program in 2007 and continues to work with the SFVAMC Suicide Prevention Team on an interim basis. He has been active in VA Mental Health's System Redesign efforts as a coach for the regional network (VISN 21) and as chair of the SFVAMC Mental Health Systems Redesign Committee. Dr. Galloway's research interests include assessment, etiology, and treatment of substance abuse and comorbid mental health conditions as well as suicide prevention. He is a board member for the Greater San Francisco Bay Area chapter of the American Foundation for Suicide Prevention.

**Caitlin Hasser, M.D.** is the Director of the Women's Mental Health Program. She was educated at Harvard, completed medical school at the University of Virginia in 1997 and completed her psychiatry residency at UCSF where she served as LPPI Chief Resident in 2007. Dr. Hasser works as a consultant to the Women's Clinic, a multidisciplinary clinic designed to provide comprehensive services to women veterans, where she evaluates patients who screen positive for mental health concerns and consults with primary care providers. She also provides clinical services with the PTSD clinical team and via telemental health. The women's mental health program is currently expanding with increases in the services provided to women as well as educational opportunities for trainees in this integrated setting. Her interests include affective and anxiety disorders during pregnancy and the postpartum period, sexual trauma, post-traumatic stress disorder and improving access to care. She has published in the area of depression and pregnancy. She also has a strong commitment to teaching and regularly supervises psychology and psychiatry trainees.

**Ellen Herbst, M.D.** is an Assistant Clinical Professor of Psychiatry at UCSF. She is the Medical Director of the Substance Abuse Day Hospital (SADH) at the VA Medical Center, an intensive outpatient day program for patients with substance use and dual-diagnosis disorders. She has extensive clinical experience working with veterans with chronic mental illness, with a particular interest in substance use disorders, women's health, and post-traumatic stress disorder. In 2005, Dr. Herbst helped to design and implements a clinical trial investigating the effectiveness of D-cycloserine medication treatment combined with cognitive behavioral therapy for post-traumatic stress disorder. She also has a strong commitment to teaching and regularly supervises UCSF psychiatric residents, fellows, and medical students.

**William Q. Hua, Ph.D.**, is a psychologist in the Infectious Diseases and Liver clinics at the San Francisco VA Medical Center,

where he provides psychosocial and behavioral support for veterans living with HIV and/or hepatitis C (HCV). He also mentors providers to provide specialty HIV and HCV mental health care to veterans living in rural communities through the Specialty Care Access Network Extension for Community Healthcare Outcomes (SCAN-ECHO) program. Prior to coming to the San Francisco VA in 2013, Dr. Hua received specialized behavioral medicine training through the Palo Alto VA Health Care System psychology internship and fellowship programs. He completed his Ph.D. in Clinical Health Psychology & Behavioral Medicine from the University of North Texas-Denton/University of North Texas Health Sciences Center. Dr. Hua is also a co-founder of a nonprofit organization called Here to Hope which focuses on promoting health and education for both HIV-positive and HIV-negative children living in children's homes in Guyana, South America. In 2010, he was recognized by the American Psychological Association for his local, national, and international work in reducing stigma and improving wellness in persons living with HIV/AIDS.

**Sabra Inslicht, Ph.D.** is a Staff Psychologist at the PTSD Clinic at the San Francisco VA Medical Center (SfVAMC). She received her Ph.D. in clinical and health psychology from the University of Pittsburgh, completed a clinical internship at the Palo Alto VA and clinical and research postdoctoral fellowships at Stanford, UCSF, and the SfVAMC. Within the PTSD program, Dr. Inslicht conducts evaluations of PTSD patients, sees individual therapy cases and specializes in evidenced based treatments for PTSD, including Prolonged Exposure and Cognitive Processing Therapy for PTSD. Research interests include biological risk and resilience in PTSD such as fear extinction processes and associated neurobiological correlates, pharmacological adjuncts to enhance fear extinction, and the application of these findings to the treatment of PTSD in veterans. She also conducts research on gender differences in biological moderators (i.e. neurosteroids) of the stress response in PTSD. She is available for consultation on both research and clinical activities.

**David Kan, M.D.** is the Medical Director of the ORT clinic and Medical Review Officer for SfVAMC. He received his medical degree from Northwestern University Medical School and completed his psychiatry residency at UC San Francisco. He has also completed a Forensic Psychiatry Fellowship. He has supervised psychiatry and psychology trainees in the ORT and Substance Abuse Day Hospital and has won teaching awards through UCSF. His professional interests include addiction treatment, forensic psychiatry and assessment and treatment of special populations including the criminal justice populations. Dr. Kan also works part time for the City and County of San Francisco conducting evaluations and risk assessments. He is a member of the SfVAMC psychotherapeutic medications and co-chair of the Behavioral Alert Review committee. He authored the addiction chapter for First Aid for the Psychiatry and Neurology Boards published by McGraw-Hill Medical Publications.

**Jessica Keyser, Ph.D.** is a staff psychologist in the Opioid Replacement Treatment Clinic (ORT) within the Substance Abuse Programs. She also works with the Health Psychology team, conducting evaluations of candidates for gastric bypass surgery. She received her Ph.D. from Temple University in 2010, after completing her internship training at the SfVAMC. Following her internship, she completed a postdoctoral fellowship at the SfVAMC specializing in substance use and co-occurring disorders. Dr. Keyser's research interests include emotional processes (e.g., emotion awareness) underlying mood, eating, and substance use disorders and cognitive vulnerability to depression. Clinically, Dr. Keyser is interested in co-occurring disorders, specifically, mood/anxiety disorders (e.g., PTSD and social anxiety disorder) and substance use disorders as well as eating disorders.

**Dawn Lawhon, PhD** is the training director for the Posttraumatic Stress Disorder Clinical Team (PCT) and has been a member of the PCT staff since 2007. After receiving her Ph.D. in Clinical Psychology and Women's Studies from the University of Michigan (2004), Dr. Lawhon completed a clinical post-doctoral fellowship in PTSD at the San Francisco VAMC (2005) and a NIDA-funded research fellowship in substance abuse treatment at the University of California, San Francisco (2007). Within the PTSD clinical program, Dr. Lawhon conducts evaluations, leads therapy groups, and treats patients in individual therapy, with emphasis on enhancing motivation for treatment, particularly in the context of complex trauma. She also conducts intakes and brief individual treatments in the Behavioral Health Access Center, and oversees coordination and provision of mental health services for Afghanistan and Iraq War veterans through an integrated clinic located in Primary Care. Dr. Lawhon specializes in integrative group treatment of PTSD, in which psychoeducation and cognitive behavioral skill building are provided within a relational and mindfulness-based frame. She provides supervision to psychiatry residents, psychology interns, externs and fellows, and participates in the PCT educational seminar.

**Kewchang Lee, M.D.** Dr. Lee is the Director of the UCSF Psychosomatic Medicine Fellowship Program and the Psychiatry Consultation Unit at the San Francisco VA Medical Center. He also serves as the Site Director for Psychiatry Medical Student Education at the San Francisco VA. Hailing from upstate New York, he attended Harvard University and New York University School of Medicine, and completed his psychiatry residency training at UCSF. He is actively involved in clinical and teaching

activities, and is an Associate Clinical Professor of Psychiatry at the UCSF School of Medicine.

**Russell Lemle, Ph.D.** is Psychology Director, Mental Health Service and Associate Clinical Professor, UCSF Medical School, Department of Psychiatry. He obtained his doctorate from SUNY at Buffalo in 1979. He completed his pre-doctoral internship at UCLA Neuropsychiatric Institute and postdoctoral fellowship in Family Therapy at Langley Porter Psychiatric Institute. Between 1984 and 1993, he was Chief of the SFVAMC Outpatient Alcohol Clinic, during which period he authored clinical articles on alcohol treatment and etiology. Since 1992, he has been the Psychology Director (formerly called Chief Psychologist) and served as Director of Psychology Training 2003 -2008. Other areas of professional interest, teaching and publications include couples therapy, psychotherapy process and group therapy. Dr. Lemle is on the Planning Committee of the yearly national VA Psychology Leadership Conference and trainees are invited to attend the conference. In 2005, he received an APA Presidential Citation for his significant contributions to national VA Psychology issues. Dr. Lemle is a Fellow in APA Division 18.

**Shira Maguen, Ph.D.** is a Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT). Dr. Maguen completed her internship and postdoctoral training at the National Center for PTSD at the VA Boston Healthcare System after receiving her doctorate in Clinical Psychology from Georgia State University. She is involved with both the clinical and research components of the PTSD program. Within the PTSD clinical program, Dr. Maguen conducts evaluations, leads therapy groups, and sees patients for individual therapy. She is involved in the provision of services for the returning Afghanistan and Iraq War veterans, including working as part of the Integrated Care Clinic and facilitating an OIF/OEF Reintegration Group. Dr. Maguen specializes in evidence-based cognitive behavioral therapies, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Therapy and for PTSD. She leads the CPT seminar and supervision group offered through the PCT. She provides supervision to psychology interns, externs and fellows, teaches psychiatry residents in training with the PCT, and participates in the PCT educational seminar. Her research interests fall under the umbrella of PTSD and include risk and resilience factors in veterans, the psychological impact of exposure to death and dying in Iraq War veterans, complicated grief, and coping with the ongoing threat of terrorism in countries such as Israel.

**Megan McCarthy, Ph.D.** is a staff psychologist with the Suicide Prevention Team. She completed her internship at SFVAMC and received her doctoral degree from the University of California, Berkeley. During fellowship at Cambridge Hospital/Harvard Medical School, she specialized in psychotherapies that focus on developmental and interpersonal aspects of psychopathology. As part of the suicide prevention program, Dr. McCarthy is based at the Santa Rosa VA and performs a range of clinical, administrative, and educational duties focused on the assessment, management, and treatment of suicidal behaviors in veterans at the Northern CBOCs (Santa Rosa, Ukiah, Eureka, and Clearlake). Dr. McCarthy is especially interested in how biobehavioral aspects of trauma and attachment can inform the development of more effective psychotherapies.

**John R. McQuaid, Ph.D.**, is Associate Chief of Mental Health for Clinical Administration at the San Francisco VA Medical Center, and serves as a staff psychologist for the General Psychiatric Outpatient Service (GPOS). He completed his undergraduate education at the University of California, San Diego, his Ph.D. at the University of Oregon, and his internship and postdoctoral fellowship at the University of California, San Francisco. Prior to joining the San Francisco VA in 2009, Dr. McQuaid worked at the VA San Diego Healthcare System and UCSD for 13 years as Director of a mood clinic. Dr. McQuaid's clinical and research expertise is in the development and use of cognitive-behavioral interventions for psychiatric disorders and health management issues. He is currently funded for a VA research grant examining the treatment of phantom limb pain using cognitive-behavior therapy and visual feedback. He is a co-investigator or consultant on several other treatment studies applying cognitive-behavior therapy to treatment of psychosis, comorbid depression and substance dependence, and high risk sex behaviors. Dr. McQuaid also has extensive experience as a clinical supervisor, having twice received the teaching excellence award from the VA San Diego/UCSD Psychology Internship Program.

**Thomas Neylan, M.D.** is the Director of the Posttraumatic Stress Disorders (PTSD) Clinical and Research Programs at the San Francisco Veterans Affairs Medical Center. He is a Professor, In Residence in the Department of Psychiatry at the University of California, San Francisco. Dr. Neylan has been an active researcher in the study of sleep and Posttraumatic Stress Disorder for the past 16 years. He has been the Principal Investigator on multiple funded projects sponsored by the National Institutes of Health, the National Institute of Justice, the Department of Defense, and the Department of Veterans Affairs. Dr. Neylan has first-authored multiple articles in prominent psychiatric journals including the Archives of General Psychiatry, the American Journal of Psychiatry, Biological Psychiatry, Chronobiology International, Journal of Clinical Psychiatry, Journal of Traumatic Stress, Neuropsychopharmacology, and Psychosomatic Medicine. He has presented his research at national meetings such as the American Psychiatric Association, the American College of Neuropsychopharmacology, the American Sleep Disorders Association, and the International Society for Traumatic Stress Studies. Dr. Neylan has served on the National Institutes of Health, Center for Scientific Review, Adult Psychopathology and Disorders of Aging Study Section.

**Tatjana Novakovic-Agopian, Ph.D.** is a Staff Clinical and Rehabilitation Neuropsychologist at the SFVAMC Neurology and Rehabilitation Service and the TBI- Polytrauma Clinic. She is also an Assistant Adjunct Professor at the Department of

Neurology UCSF, and a Co-Director of the Program in Rehabilitation Neuroscience at SFVAMC, Martinez VA and CPMC. She was educated at Johns Hopkins University, California School of Professional Psychology and UCSF. Her area of particular interest includes ecologically valid assessment and treatment of executive control problems following brain injury. She is presently directing multisite (SFVAMC, Martinez VA, CPMC and UC Berkeley) clinical research protocols for assessment (cognitive and functional outcomes, and functional neuroimaging), and rehabilitation of executive functions following brain injury. Prior to joining SFVA she worked as a Clinical and Rehabilitation Neuropsychologist at the California Pacific Regional Rehabilitation Center, where she was also a Chair of the Brain Injury Research Committee. She also worked as a Clinical Neuropsychologist at San Francisco General Hospital/ UCSF Neurology Department, focusing on Neuropsychology of HIV. She is past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.

**Nancy Odell, LCSW** is a clinical social worker on the Substance Use/ Posttraumatic Stress Team (SUPT) and an Associate Clinical Professor at the UCSF Medical School, Department of Psychiatry. She received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorder prior to working at the San Francisco VA Medical Center. She provides group supervision for psychiatry residents and coordinates the SUPT Clinical Training Seminar. Ms. Odell participated in an inter-cultural exchange in the Republic of Vietnam. She traveled to Vietnam and met with various mental health professionals, university and government officials to exchange treatment information on Posttraumatic Stress Disorder and substance use disorders. She participated in a treatment outcome study with Stanford University investigating the effectiveness of group psychotherapy for women diagnosed with Posttraumatic Stress Disorder from childhood sexual abuse. She has participated in MIRECC funded studies in the treatment of PTSD and is currently involved in an exposure based treatment for Iraq/Afghanistan veterans. She has specific training in Control Mastery and her orientation is cognitive/ behavioral and psychodynamic. Ms. Odell has a private practice in San Francisco.

**Sarah Palyo, Ph.D.**, is a staff psychologist with the SFVAMC Pain Clinic. She received her Ph.D. in clinical psychology from the State University of New York at Buffalo and completed her clinical internship at the Palo Alto VA Medical Center. She completed a post-doctoral fellowship in Stanford University's Behavioral Medicine Clinic. Dr. Palyo specializes in the assessment and treatment of co-occurring chronic pain conditions and psychiatric disorders, with an emphasis on CBT and ACT based interventions. Treatment modalities include individual, group, and video conferencing sessions with patients in the Community Based Outpatient Clinics. Dr. Palyo is also involved in the development of the interdisciplinary Pain Clinic, which has plans to include a CARF-accredited, tertiary pain program. Dr. Palyo's research interests include co-occurring chronic pain and PTSD and resiliency.

**Stephen M. Rao, Ph.D.** is the Health Behavior Coordinator and Director of Training Psychology Postdoctoral Fellowship Program at the SFVAMC. He obtained his B.A. from Drew University, and his M.A. and Ph.D. from Binghamton University – The State University of New York. He completed a Predoctoral Internship at the Palo Alto VA Health Care System, Psychology Service and a Postdoctoral Fellowship at Stanford University School of Medicine, Department of Psychiatry and Behavioral Sciences. Prior to joining the SFVA Mental Health Service he was a Clinical Research Mentor in the UCSF Clinical Psychology Training Program, within the Public Service and Minority Cluster at San Francisco General Hospital, Director of UCSF Psychosocial Medicine Clinic at SFGH, Director of the UCSF Interdisciplinary Pain Management Program and Associate Director for the Correctional Medicine Consultation Network holding faculty appointments in the Departments of Psychiatry and Family and Community Medicine at UCSF School of Medicine. His clinical interests include use of evidence-based Cognitive Behavioral Therapy, Behavioral Medicine and Health Psychology, multidisciplinary and Family Systems approaches in the assessment, treatment and self-management, of co-morbid psychiatric, polytrauma, and chronic disease syndromes, within individual and group, couples and family therapies. His teaching and training efforts emphasize a developmental and competency-based model embedded within a scientist-practitioner framework accompanied by interactive, experiential and problem-based learning approaches. His research interests include clinical translational and treatment outcome investigations into the role of cognition and affect mediating the management of acute and chronic pain, among culturally diverse, underserved and traumatized populations.

**Kellie Rollins, Psy.D.** is the Director of the Clinical Psychology Internship and Practicum Training Programs at San Francisco VA Medical Center and staff psychologist and clinical supervisor of the Opioid Replacement Treatment Team (ORT) within the Substance Abuse Programs at San Francisco VA Medical Center (SFVAMC). She assumes a clinical educator role as Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine. Dr. Rollins received her Doctor of Psychology degree from Nova Southeastern University in 2005 after completing predoctoral internship at Harvard Medical School/Boston VA Medical Center where she specialized in assessment and treatment of severe psychopathology in women Veterans and longer-term psychodynamic psychotherapy. She subsequently completed her postdoctoral fellowship at SFVAMC, focusing on the treatment of substance use disorders and posttraumatic stress. As staff psychologist in ORT Clinic, she provides individual psychotherapy and group psychotherapy for Veterans with substance use

disorders and co-occurring psychiatric, personality/characterological and medical conditions. As Director of Psychology Training at SFVAMC, Dr. Rollins leads the APA- accredited Clinical Psychology predoctoral internship and the practicum training programs. She is an active member of the VA Psychology Training Council and is Campus Training Representative for the APA Federal Education Advocacy Coordinators. She also serves as the Chair of Quality Improvement for the Substance Abuse Programs at the Medical Center and is a Board member of both the San Francisco Psychological Association and the California Psychological Association.

**Johannes C. Rothlind, Ph.D.** directs the Neuropsychological Assessment Program at the SF VAMC. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his Ph.D. in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a NIA-sponsored postdoctoral neuropsychology fellowship at the Johns Hopkins University School of Medicine, where he was engaged in mentored research on the neuropsychology of Huntington's disease and received further supervised training in clinical neuropsychology. Dr. Rothlind came to the SFVAMC in 1995 after several years on the faculty of the University of Maryland School of Medicine, as an assistant professor of psychiatry. Dr. Rothlind's responsibilities at the SFVAMC include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He provides both teaching and supervision to clinical psychology trainees (practicum students, interns, post-doctoral fellows) and psychometric technicians. He leads weekly training seminars and case-conferences for trainees to review core topics in neuropsychological and psychological assessment, including functional neuroanatomy, and theoretical and empirical foundations of clinical neuropsychological assessment and consultation. Dr. Rothlind also maintains active collaboration with SFVAMC and UCSF investigators on several research projects, including studies examining neuropsychological functioning in veterans with alcoholism, HIV disease, Gulf War Illness, PTSD, and Parkinson's disease. His research interests include neuropsychological outcomes following deep brain stimulation for treatment of Parkinson's disease, and methods for evaluating self-appraisal of neuropsychological functioning. He currently serves as the lead neuropsychologist for, and is active on the executive committee of the multicenter NINDS-VA Cooperative Study group investigating deep brain stimulation for treatment of Parkinson's disease. Through the Memory Disorders Clinic, he has worked to advance techniques for telehealth neuropsychological screening and consultation.

**Emily Sachs, Ph.D.** is a Staff Psychologist at the San Francisco VA Medical Center (SFVAMC) specializing in pain management and trauma recovery in primary care, Anesthesia Pain Clinic and rural VA clinics via tele-mental health. Dr. Sachs also provides evidence-based training to medical staff regarding safe management of complex chronic pain patients, and supervises clinical trainees. Dr. Sachs earned her Ph.D. in Clinical Psychology at Fordham University in 2011 with a focus on cross-cultural research and refugee trauma; and completed her Clinical Internship and Postdoctoral Fellowship at the SFVAMC, specializing in Pain Management, Primary Care Psychology and evidence-based treatments for PTSD. She has published original research articles on trauma and coping with chronic illness in the *Journal of Traumatic Stress* and the *Journal of Hospice and Palliative Medicine*.

**Martha Schmitz, Ph.D., APBB**, is a psychologist with both research and clinical responsibilities. She coordinates a V.A. clinical research project (CSP #504) studying the effectiveness of Risperidone (Risperdol) in managing symptoms of PTSD. She offers both present-centered and past-centered (e.g., Prolonged Exposure) individual psychotherapy to veterans with MST and combat-related PTSD. She also facilitates several groups, including an interpersonal process group for Vietnam veterans, an Anger Management group for OEF/OIF veterans, and a psychoeducational group for veterans of all eras. For the past 5 years, Dr. Schmitz has offered continuing education workshops and supervision in Seeking Safety, a cognitive-behavioral therapy for PTSD and substance abuse, to mental health professionals throughout the United States.

**Mark Stalnaker, Ph.D.**, is Director of the SFVAMC Suicide Prevention Program. After receiving his Ph.D. in Social Psychology in 2004 from Harvard University, he obtained a Certificate of Clinical Respecialization from the University of Massachusetts at Amherst in 2006. He subsequently completed his clinical internship at the Baltimore VA Medical Center and postdoctoral fellowship in posttraumatic stress at the San Francisco VA Medical Center. As part of the suicide prevention program Dr. Stalnaker performs a range of clinical, administrative, and educational duties focused on the assessment, management, and treatment of suicidal behaviors in the veteran population. Dr. Stalnaker's research and clinical interests include suicide prevention and behavioral risk management, and cognitive-behavioral and mindfulness-based treatment interventions.

**John Straznickas, M.D.** is the Team leader for the Substance Use Posttraumatic Team (SUPT) and a staff attending psychiatrist in the Substance Abuse Outpatient Clinic (SAOPC) at the San Francisco VA Medical Center. He is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine, and has received several teaching awards from the residents in psychiatry including the Excellence in Teaching Award in 2004, 2007,



2008 and 2010. He organizes the substance abuse seminar for all the trainees and supervises the psychiatry residents and the psychology fellows, interns, externs and medical students. He has expertise in the theory and practice of group psychotherapy and leads two group supervision seminars for both faculty group leaders and psychiatry residents. Dr. Straznickas received his medical degree from Duke University and is a graduate of the UCSF psychiatry residency program.

**Elizabeth S. Sutherland, Psy.D.** *Elizabeth S. Sutherland, Psy.D.* is the Geropsychologist with the Department of Geropsychiatry at the San Francisco VA Medical Center (SFVAMC). Dr. Sutherland graduated from John F. Kennedy University in 2007 and completed her predoctoral internship at Mount Sinai Medical Center in Manhattan through the Department of Rehabilitation Medicine. At Mount Sinai Dr. Sutherland specialized in acute inpatient units, which included the spinal cord injury unit, traumatic brain injury unit, and major medical rehabilitation unit. Dr. Sutherland completed her postdoctoral fellowship at the SFVAMC, specializing in older adults for both inpatient and outpatient services. Currently, she is the Secretary for the Council of Professional Geropsychology Training Programs. She has been the Geropsychologist at the Community Living Center since 2008 and is an Assistance Clinical Professor, Department of Psychiatry at UCSF.

**Hui Qi Tong, Ph.D.** is a staff psychologist with the PTSD Clinic Team /Women's Clinic at the San Francisco VA Medical Center. Dr. Tong received her medical degree from Shanghai Medical College, Fudan University in China and her PhD in Clinical Psychology from Palo Alto University. She completed her psychiatric residency program at Shanghai Mental Health Center, Shanghai Jiao Tong University and her psychology internship and fellowship at the San Francisco VA Medical Center. She has expertise in research-informed psychotherapy and works with an integrative approach. In her clinical work, Dr. Tong conducts CBT-based intervention (i.e. Seeking Safety), Interpersonal Psychotherapy (IPT), Time-limited Dynamic Psychotherapy (TLDP) and Mindfulness-Based Stress Reduction (MBSR). Dr. Tong is also actively involved in the Global Mental Health Program at UCSF, conducting PTSD research and providing training in psychotherapy in China.

**Alexander Threlfall, M.D., M.A.,** is the associate chief of staff (ACOS) for SFVAMC MH operations in the community based outpatient clinics (CBOC's). He is also the acting director for mental health at the Santa Rosa CBOC. He completed his fellowship training in geriatric psychiatry at UCSF and the SFVAMC in June of 2011 after completing his residency training at the University of Pennsylvania in June of 2010, where he was chief resident of psychosomatics and emergency psychiatry at the Hospital of the University of Pennsylvania and inpatient services at the Philadelphia VAMC. He attended medical school at Texas Tech School of Medicine in Lubbock, TX, which provided a unique opportunity for training in rural setting. As the ACOS for MH – CBOC's, Dr. Threlfall has brought his clinical expertise and administrative background to facilitate the continued innovation of mental health care within the SFVAMC's CBOC's across both the generational and clinical spectrum.

**Angela Waldrop, Ph.D.,** is a psychologist and researcher. She received her doctorate in clinical psychology from the University of Missouri-St. Louis. She completed her predoctoral internship and a NIMH-funded research postdoctoral fellowship at the Medical University of South Carolina (MUSC), primarily at the National Crime Victims Research and Treatment Center. She is an Assistant Professor of Psychiatry at UCSF and a Staff Psychologist on the PTSD Clinical Team at the San Francisco VAMC. Her research interests include comorbidity of substance use disorders and PTSD, the role of impulsivity in risky behaviors, HIV risk behaviors, associations between stress reactivity and addiction, and gender differences. Her clinical expertise is in the treatment of PTSD, anxiety and mood disorders, and substance use disorders.

**Samuel Wan, Ph.D.,** is a staff psychologist with the SFVAMC Substance Use and PTSD Clinic (SUPT). He completed his predoctoral internship with the Boston Consortium in Clinical Psychology and post-doctoral fellowship in Substance Use Disorders at the San Francisco VA Medical Center. He received his Ph.D. in Counseling Psychology from Boston College, and later collaborated on a clinical research project investigating the efficacy of treatments for co-occurring chronic pain and PTSD. As part of the SUPT clinic, Dr. Wan performs a range of clinical, administrative, and educational duties focused on the assessment, management, and treatment of co-occurring substance abuse and PTSD in the veteran population. Dr. Wan's research and clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. For 2008-09, Dr. Wan was selected as an Early Career Leadership Fellow with the Asian American Psychological Association, where he has been active on projects focused on social justice and advocacy for Asian Americans and psychology in general. He is currently serving as Chair of the Psychology Diversity Committee.

**Joan Zweben, Ph.D.** is part time staff psychologist at the VA where she supervises trainees in issues related to the treatment of addiction. Dr. Zweben is a Clinical Professor in the Department of Psychiatry, UCSF Medical Center. Dr. Zweben is an APA Fellow in the Addiction Division since 1997. Most of her time is spent as Director of the East Bay Community Recovery Project in Oakland, a substance abuse treatment program that provides psychological and medical services in residential and outpatient settings, and also offers supportive housing. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She is an author of four books and over 60 journal articles and book chapters on substance abuse issues. She does consulting and training in a wide range of drug and alcohol treatment modalities. She has been on the National Steering Committee of NIDA's Clinical Trials Network since 2002 and is currently its Co-Chair.

**Leila Zwelling, L.C.S.W** is an Assistant Clinical Professor with UCSF's Psychiatry Department and a clinical social worker with the San Francisco VA's Women's Clinic. She currently serves as a clinical supervisor and staff psychotherapist in the SFVA's Women's Mental Health Program, providing gender-specific treatment for female veterans with complex trauma histories, including childhood abuse, combat and military sexual trauma, and intimate partner violence. She is VA certified in evidence-based treatments including Prolonged Exposure for PTSD and Interpersonal Psychotherapy for Depression, and was recently selected as a Staff Consultant for the VA's nationwide Interpersonal Psychotherapy Rollout Program. She teaches a weekly seminar on Interpersonal Psychotherapy for psychology postdoctoral fellows and interns. Her additional roles in the VA Women's Clinic include intake coordinator and clinical supervisor for the Behavioral Health Program embedded within Women's Clinic's Primary Care. A graduate of the University of Virginia, she completed her training with UCSF's Infant-Parent Program, and worked in San Francisco General Hospital's Psychiatry Department prior to joining the VA.



**APPLICATION**  
**San Francisco Department of Veterans Affairs Medical Center**  
**Postdoctoral Psychology Fellowship**

Deadline: December 2, 2013

Please type or print clearly

**I. Identifying Information**

Name:

U.S. Citizen? (MUST BE TO APPLY)

Mailing Address:

Email:

Work Telephone:

Home Telephone:

Cell Telephone:

Please provide the telephone number where you can be reached on 02/19/2014:

**II. Program Emphasis to which you are applying, please rank order ONLY those to which you are interested**

The **San Francisco VA Medical Center** will be offering fourteen one-year postdoctoral psychology fellowships in 2013-2014 with **emphasis** areas in:

\_\_\_\_\_ Geropsychology (2 positions)

\_\_\_\_\_ HIV/HCV

\_\_\_\_\_ Interprofessional LGBT Healthcare

\_\_\_\_\_ Primary Care Psychology (5 positions – 1 position partially located at the Santa Rosa CBOC)

\_\_\_\_\_ PTSD and Returning Veterans

\_\_\_\_\_ PTSD and Substance Use Disorders Treatment

\_\_\_\_\_ Psychosocial Rehabilitation

\_\_\_\_\_ Rural Psychology & Community Mental Health (2 positions located at the Santa Rosa CBOC)

\_\_\_\_\_ Substance Use Disorders Treatment and Co-occurring Disorders

\_\_\_\_\_ Women's Mental Health and Primary Care: Evidence-Based Psychotherapy

\_\_\_\_\_ Women's Mental Health and Trauma

The San Francisco VA Medical Center also offers one two-year postdoctoral residency in **Clinical Neuropsychology**. Recruitment for this emphasis area occurs this year for the 2014-2016 training years. For a detailed description of the training program including the application, please refer to the Clinical Neuropsychology Residency brochure located on the website:  
<http://www.sanfrancisco.va.gov/education/psychologytraining.asp>.

### **III. Doctoral Program**

**Doctoral Program:**

**Program APA-approved?** (MUST BE APA-APPROVED TO APPLY) YES / NO

**Program Type:** Clinical / Counseling University / Professional

**Doctoral Degree:** Psy.D. / Ph.D. **Completed?** YES / NO

**Dissertation title and date completed:**

If not completed, ***please provide contact information for your dissertation chairperson including*** a letter of support describing your dissertation status and timeline.

**Dissertation Chairperson:**

**Email:**

**Phone:**

### **IV. Internship Program**

**Pre-Doctoral Internship:**

**Internship APA-approved?** (MUST BE APA-APPROVED TO APPLY) YES / NO

**Pre-Doctoral Internship Completed (date):**

If not completed, ***please provide contact information for your Pre-Doctoral Internship Training Director including*** a letter indicating you are in good standing and when you are expected to graduate.

**Director of Training:**

**Email:**

**Phone:**

### **V. Postdoctoral Experience**

**Postdoctoral Experience(s), if any, please list:**

## **VI. Required Application Materials**

1. Application form pp 47 & 48;
2. current CV;
3. official graduate school transcripts;
4. three letters of recommendation;
5. two essay responses; and
6. supplemental materials as requested by emphasis area

### **Essay Questions:**

Use no more than one typewritten page to answer each of the following:

1. Discuss your relevant experiences and interests in the emphasis areas to which you are applying. This may involve a discussion of assessment/consultation, clinical and research experiences, and include details such as types of patients seen, clinical or research activities performed, and supervision received that is not included in your CV or supplements and elaborates on your CV. Discuss how these experiences pertain to your goals for this fellowship, including specific interests, gaps or deficiencies in past training or experience, career goals, and reasons why this fellowship would be a "good fit."
2. We are interested in learning of case experiences you have had in providing assessment, consultation, and/or clinical intervention services to persons perceived to be very different from yourself. How have you addressed such perceived differences in clinical activities, and how has your approach affected the clinical service provided (Please be sure to remove all identifying information).

### **Supplemental Application materials as requested per emphasis area:**

**PTSD and Returning Veterans / PTSD and Substance Use Disorders Treatment / Substance Abuse Disorders Treatment and Co-occurring Disorders:** Essay Question: What are the ways you feel that trauma and/or substance abuse affect the psyche?

**Women's Mental Health and Trauma:** Essay Question: Describe your theory/ideas about how patients change in psychotherapy.

**Psychosocial Rehabilitation:** One writing sample which can include psychological, neuropsychological, or other test report, relevant reprints, or other submission demonstrating writing ability.

**Geropsychology / HIV/HCV / Interprofessional LGBT Healthcare / Primary Care Psychology / Rural Psychology and Community Mental Health / Women's Mental Health and Primary Care: Evidence-Based Psychotherapy:** Two work samples (e.g. at least one of which is a redacted clinical evaluation summary; other work-samples may include published manuscripts on which you are main author, additional clinical evaluation summaries, or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency).

For a description of the application and required materials please refer to the **Clinical Neuropsychology Residency brochure** located on the website: <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

#### **IV. Application Checklist**

- \_\_\_\_\_ Completion of Application / **Last name\_First name\_SFVAPD\_Application**
- \_\_\_\_\_ Current Curriculum Vitae / **Last name\_First name\_SFVAPD\_Vitae**
- \_\_\_\_\_ Official Graduate Transcript mailed directly from the University Registrar
- \_\_\_\_\_ Three letters of recommendation in support of your application / **Last name\_First name\_SFVAPD\_Recommendation\_Last name of Recommender**
- \_\_\_\_\_ Dissertation title and date completed. If not completed, please provide contact information for your dissertation chairperson including a letter of support describing your dissertation status and timeline. **Last name\_First name\_SFVAPD\_Dissertation**
- \_\_\_\_\_ A letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If already completed, you can mail a copy of your pre-doctoral internship certificate. **Last name\_First name\_SFVAPD\_Internship**
- \_\_\_\_\_ Essay questions / **Last name\_First name\_SFVAPD\_Essay1 or Essay2**
- \_\_\_\_\_ Supplemental Application materials for each emphasis area to which you are applying / **Last name\_First name\_SFVAPD\_Supplemental**
- \_\_\_\_\_ **Please submit all application materials electronically to [sfvamc\\_mhs\\_psychology\\_fellowship\\_program@outlook.com](mailto:sfvamc_mhs_psychology_fellowship_program@outlook.com) by December 2, 2013, 11:59pm PST.**

All materials should be emailed to [sfvamc\\_mhs\\_psychology\\_fellowship\\_program@outlook.com](mailto:sfvamc_mhs_psychology_fellowship_program@outlook.com). The file name of all attachments must be formatted with the applicant's last name, first name, SFVAPD and identifier of the application materials. For example: **Last name\_First name\_SFVAPD\_Application**; please refer to the application checklist for examples of file names for each of the application materials. Please publish a copy of each attachment / document into a PDF before submitting. Any text included within your transmittal email will not be saved as a part of your application packet – as we will only be reviewing attachments. Please do not mail any materials in hard copy form with the exception of the Official Graduate School transcript that will be mailed directly from the University Office of the Registrar. Please have official letters of recommendation submitted electronically to [sfvamc\\_mhs\\_psychology\\_fellowship\\_program@outlook.com](mailto:sfvamc_mhs_psychology_fellowship_program@outlook.com) using the same file format: **Last name\_First name\_SFVAPD\_Recommendation\_Last name of Recommender**, submitted directly from the letter writer's VA, university or agency email address, as a signed, scanned PDF document.

***Thank you for your interest in and consideration of the SFVAMC Psychology Fellowship Program for your postdoctoral training!***